TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES COMMUNICABLE DISEASES AND INFESTATIONS

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Article 4, consisting of Sections R9-6-401 through R9-6-408, renumbered from Article 8, Sections R9-6-801 through R9-6-808 effective October 19, 1993 (Supp. 93-4).

Article 4, consisting of Sections R9-6-411 through R9-6-419 and R9-6-431 through R9-6-433, repealed effective October 19, 1993 (Supp. 93-4).

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ARTICLE 5. RABIES CONTROL

Article 5, consisting of Sections R9-6-501 through R9-6-503, renumbered from Article 2, Sections R9-6-201 through R9-6-203 effective October 19, 1993 (Supp. 93-4).

Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, renumbered to Article 7, Sections R9-6-701 through R9-6-706 and Tables 1 and 2 effective October 19, 1993 (Supp. 93-4).

Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, adopted effective January 20, 1992 (Supp. 92-1).

Article 5, consisting of Sections R9-6-501 through R9-6-504, repealed effective January 20, 1992 (Supp. 92-1).

Section
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ARTICLE 6. TUBERCULOSIS CONTROL

Article 6, consisting of Sections R9-6-601 through R9-6-603, adopted effective October 19, 1993 (Supp. 93-4).

Article 6, Sections R9-6-601 and R9-6-602, renumbered to Article 2, Sections R9-6-201 and R9-6-202, and Article 6, Sections R9-6-602 through R9-6-605 repealed effective October 19, 1993 (Supp. 93-4).

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R9-6-604. Standards of Medical Care
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ARTICLE 7. VACCINE-PREVENTABLE DISEASES

Article 7, consisting of Sections R9-6-701 through R9-6-706, renumbered from Article 5 effective October 19, 1993 (Supp. 93-4).

Article 7 renumbered to Article 3 effective October 19, 1993 (Please refer to the individual Sections for the appropriate actions and new locations) (Supp. 93-4).

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ARTICLE 8. ASSAULTS ON OFFICERS, FIREFIGHTERS, OR EMERGENCY MEDICAL TECHNICIANS

New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

Article 8, consisting of Sections R9-6-801 through R9-6-808, renumbered to Article 4, Sections R9-6-401 through R9-6-408 (Supp. 93-4).

Article 8 consisting of Sections R9-6-801 through R9-6-808 adopted as permanent rules effective May 22, 1989.

Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Article 8 consisting of Sections R9-6-801 through R9-6-809 readopted as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8 consisting of Sections R9-6-801 through R9-6-809 adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

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R9-6-803. Notice of Test Results; Subject Not Incarcerated or Detained
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R9-6-805. Renumbered
R9-6-806. Renumbered
R9-6-807. Renumbered
R9-6-808. Renumbered

ARTICLE 9. HIV-RELATED TESTING

Article 9, consisting of Sections R9-6-901 through R9-6-903 and Exhibits A and B, made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Section
R9-6-901. Definitions
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R9-6-903. Court-ordered HIV-related Testing

ARTICLE 1. GENERAL

R9-6-101. Definitions

In this Chapter, unless otherwise specified:

1. "Administrator" means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.

2. "AIDS" means Acquired Immunodeficiency Syndrome.
3. "Airborne infection isolation" means, in addition to use of Standard precautions, placement of a case in a private room or a cohort room with negative air-pressure ventilation and use of respiratory protection when in the room.
4. "Approved test for tuberculosis" means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.
5. "Barrier" means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
6. "Body fluid" means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, or saliva.
7. "Carrier" means an infected individual without symptoms who can spread the infection to a susceptible individual.
8. "Case" means an individual:
   a. With a clinical syndrome of a communicable disease whose condition is documented:
      i. By laboratory results that support the presence of the agent that causes the disease;
      ii. By a health care provider's diagnosis based on clinical observation; or
      iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;
   b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak;
   c. Who has died without apparent cause within 48 hours after experiencing a fever; or
   d. Who has experienced a vaccinia-related adverse event.
9. "Child" means an individual younger than 18 years of age.
10. "Child care establishment" means:
    a. A "child care facility," as defined in A.R.S. § 36-881;
    b. A "child care group home," as defined in A.R.S. § 36-897;
    c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
    d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
11. "Cohort room" means a room housing only individuals infected with the same agent and no other agent.
12. "Communicable disease" means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
13. "Communicable period" means the time during which an agent may be transmitted directly or indirectly:
    a. From an infected individual to another individual;
    b. From an infected animal, arthropod, or vehicle to an individual; or
    c. From an infected individual to an animal.
14. "Contact" means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.
15. "Correctional facility" means any place used for the confinement or control of an individual:
    a. Charged with or convicted of an offense,
    b. Held for extradition, or
    c. Pursuant to a court order for law enforcement purposes.
16. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
17. "Department" means the Arizona Department of Health Services.
18. "Emerging or exotic disease" means:
    a. A new disease resulting from change in an existing organism;
    b. A known disease not usually found in the geographic area or population in which it is found;
    c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
    d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
19. "Epidemiologic investigation" means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
20. "Fever" means a temperature of 101° F or higher.
21. "Food establishment" has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107.
22. "Food handler" means:
    a. A paid or volunteer full- or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
    b. A paid or volunteer full- or part-time worker who prepares or serves food or who otherwise touches food in a group setting other than a food establishment.
23. "Foodborne" means that food serves as a mode of transmission of an infectious agent.
24. "Guardian" means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
25. "HBsAg" means hepatitis B surface antigen.
26. "Health care institution" has the same meaning as in A.R.S. § 36-401.
27. "Health care provider" means a physician, physician assistant, registered nurse practitioner, or dentist.
28. "HIV" means Human Immunodeficiency Virus.
29. "HIV-related test" has the same meaning as in A.R.S. § 36-661.
30. "Individual with infectious active tuberculosis" means a pulmonary or laryngeal tuberculosis case who has not:
    a. Had three successive sputum smears, collected at least eight hours apart, at least one of which was taken first thing in the morning, test negative for acid-fast bacilli;
    b. Begun anti-tuberculosis treatment; and
    c. Experienced improvement in clinical signs and symptoms of active tuberculosis.
31. "Infant" means a child younger than 12 months of age.
32. "Isolate" means:
    a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or
    b. A pure strain of an agent obtained from a specimen.
33. "Isolation" means separation, during the communicable period, of an infected individual or animal from others to limit the transmission of infectious agents.

34. "Local health agency" means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
35. "Local health officer" means an individual who has daily control and supervision of a local health agency or the individual's designee.
36. "Outbreak" means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
37. "Parent" means a biological or adoptive mother or father.
38. "Pharmacy" has the same meaning as in A.R.S. § 32-1901.
39. "Physician" means an individual licensed as a doctor of:
    a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
    b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;
    c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
    d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
40. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
41. "Quarantine" means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communicable period, to prevent transmission of the disease if infection occurs.
42. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
43. "Respiratory protection" means a fit-tested device, designed to protect the wearer against inhalation of a hazardous atmosphere, that is at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.
44. "School" means:
    a. An "accommodation school," as defined in A.R.S. § 15-101;
    b. A "charter school," as defined in A.R.S. § 15-101;
    c. A "private school," as defined in A.R.S. § 15-101;
    d. A "school," as defined in A.R.S. § 15-101;
    e. A college or university;
    f. An institution that offers a "private vocational program," as defined in A.R.S. § 32-3001; or
    g. An institution that grants a "degree," as defined in A.R.S. § 32-3001, for completion of an educational program of study.
45. "Shelter" means:
    a. A facility or home that provides "shelter care," as defined in A.R.S. § 8-201;
    b. A "homeless shelter," as defined in A.R.S. § 16-121; or
    c. A "shelter for victims of domestic violence," as defined in A.R.S. § 36-3001.
46. "Standard precautions" means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
47. "Subject" means an individual whose blood or other body fluid has been tested or is to be tested.
48. "Suspect case" means an individual whose medical history, signs, or symptoms indicate that the individual:
    a. May have or is developing a communicable disease;
    b. May have experienced diarrhea, nausea, or vomiting as part of an outbreak;
    c. May have died without apparent cause within 48 hours after experiencing a fever; or
    d. May have experienced a vaccinia-related adverse event.
49. "Syndrome" means a pattern of signs and symptoms characteristic of a specific disease.
50. "Unexplained death with a history of fever" means the demise of an individual who has had a fever within 48 hours before death and whose illness has not been diagnosed at the time of death.
51. "Vaccinia-related adverse event" means any of the reactions described in Exhibit I-A.
52. "Viral hemorrhagic fever" means disease characterized by fever and hemorrhaging and caused by an Arenavirus, a Bunyavirus, a Filovirus, a Flavivirus, or another virus.
53. "Waterborne" means that water serves as a mode of transmission of an infectious agent.
54. "Working day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-102. Release of Protected Health Information

A person in possession of protected health information, as defined in 45 C.F.R. 160.103, shall release the protected health information to the Department or a local health agency upon request if the protected health information is requested for the purpose of detecting, preventing, or controlling disease, injury, or disability.

Historical Note
Adopted effective May 2, 1991 (Supp. 91-2). Former Section R9-6-102 renumbered to R9-6-105, new Section R9-6-102 renumbered from R9-6-106 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-102 renumbered to R9-6-201; new R9-6-102 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-103. Renumbered

Historical Note
Renumbered from R9-6-107 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section renumbered to R9-6-301 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-104. Repealed

Historical Note
Renumbered from R9-6-108 and amended effective October 19, 1993 (Supp. 93-4). Section repealed by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-105. Renumbered

Historical Note
Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-105 renumbered to R9-6-107, new Section R9-6-105 renumbered from R9-6-102 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Section renumbered to

R9-6-501 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-106. Renumbered

Historical Note

Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-106 renumbered to R9-6-102, new Section R9-6-106 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-601 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit I-A: Case Definitions for Suspected Clinically Significant Adverse Events

Adverse Event	Case Definition
Anaphylaxis	Hypotension, tachycardia, nausea, vomiting, collapse in first hours after smallpox vaccination
Eczema vaccinatum	• Extensive vesicular and pustular eruption anywhere, or • More limited vesicular or pustular eruption occurring in more than one site typically affected by atopic dermatitis (inner elbow folds, back of knees, face) Comments: Usually occurs in a patient with a history of skin disease, especially atopic dermatitis. Usually occurs concurrently or shortly after the local vaccinial lesion in a vaccine or 5-19 days after exposure in a contact. Patients usually have signs of moderate to severe systemic illness, including fever, malaise, prostration.
Fetal vaccinia	Generalized vaccinial type rash (vesicular, pustular, or ulcerative) in newborn of vaccinated mother
Generalized vaccinia (severe)	Disseminated maculopapular or vesicular lesions with either: a. Symptoms of moderate to severe systemic illness, including fever, malaise, prostration; or b. Documented immunodeficiency
Inadvertent inoculation (severe)	Extensive vesicular and pustular lesions at distal sites in a vaccinee or any sites in a contact, which are not generalized but may involve large contiguous areas, including sites of other skin injury. Comments: Sites usually consistent with physical transfer of virus from primary vaccination site and most commonly are the face, eyelids, nose, mouth, lips, genitalia, and anus.
Ocular vaccinia	Inflammation involving peri-ocular soft tissue or the eye itself (blepharitis, conjunctivitis, keratitis, or iritis) in a recent vaccinee or contact of vaccinee
Post-vaccinial encephalitis or encephalomyelitis	Any change in mental status (confusion, delirium, somnolence) or in sensorimotor function (altered sensation, weakness, paresis) occurring 6-15 days after vaccination
Progressive vaccinia	• Progressive expansion of the vaccination site lesion, often with necrosis, or • Failure to heal the vaccinia lesion(s), or • Disseminated vaccinia lesions In association with • Minimal or no inflammatory response to the vaccinia lesion(s) Comments: Either (a) rapid progression of the vaccination site lesion with minimal inflammation at any time, or (b) progression at any rate with minimal inflammation after 15 days should suggest progressive vaccinia.
Rashes (severe)	Generalized rash with mucosal ulceration or symptoms of moderate to severe systemic illness, including fever, malaise, prostration

Historical Note
New Exhibit made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-107. Repealed

Historical Note
Adopted effective September 14, 1990 (Supp. 90-3). Former Section R9-6-107 renumbered to R9-6-103, new Section R9-6-107 renumbered from R9-6-105 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-108. Renumbered

Historical Note
Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and Paragraph (9) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-104 effective October 19, 1993 (Supp. 93-4).

R9-6-109. Reserved

R9-6-110. Reserved

R9-6-111. Repealed

Historical Note
Corrected Departmental reference in subsection (C) (Supp. 76-5). Amended effective June 4, 1980 (Supp. 80-3. Repealed effective January 28, 1987 (Supp. 87-1).

R9-6-112. Renumbered

Historical Note
Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1).

R9-6-113. Repealed

Historical Note
Former Section R9-6-113 repealed, new Section R9-6-113 adopted effective June 4, 1980 (Supp. 80-3). Amended paragraph 4, effective January 31, 1983 (Supp. 83-1). Repealed effective January 28, 1987 (Supp. 87-1).

R9-6-114. Repealed

Historical Note
Corrected Departmental reference in subsections (B) and (C) (Supp. 76-5). Former Section R9-6-114 repealed, new Section R9-6-114 adopted effective June 4, 1980 (Supp. 80-3). Repealed effective January 28, 1987 (Supp. 87-1).

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

R9-6-201. Definitions

In this Article, unless otherwise specified:

1. "Clinical laboratory" has the same meaning as in A.R.S. § 36-451.
2. "Drug" has the same meaning as in A.R.S. § 32-1901.
3. "Epidemiologic curve" means a graphic display of the number of cases over time.
4. "Normally sterile site" means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:
   a. The lower respiratory tract;
   b. Blood;
   c. Bone marrow;
   d. Cerebrospinal fluid;
   e. Pleural fluid;
   f. Peritoneal fluid;
   g. Synovial fluid;
   h. Pericardial fluid;
   i. Urine;
   j. A closed abscess; or
   k. Another anatomic location other than the skin, upper respiratory tract, middle ear, vaginal tract, or gastrointestinal tract.
5. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
6. "Point of contact" means an individual through whom the Department or a local health agency can obtain information upon request.
7. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

Historical Note
Former Section R9-6-211 renumbered and amended and subsection (C) renumbered from R9-6-212 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-201 renumbered to R9-6-501, new Section R9-6-201 renumbered from R9-6-601, repealed, and a new Section R9-6-201 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-201 repealed; new R9-6-201 renumbered from R9-6-102 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-202. Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility

A. A health care provider who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 1 or detects an occurrence listed in Table 1 shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

B. An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 1 is diagnosed, treated, or detected or an occurrence listed in Table 1 is detected shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

C. Except as described in subsections (D) and (E), for each case, suspect case, or occurrence for which a report is required by subsection (A) or (B) and Table 1, a health care provider or an administrator of a health care institution or correctional facility shall submit a report that includes:

1. The following information about the case or suspect case:
   a. Name;
   b. Residential and mailing addresses;
   c. Whether the individual resides on or off an Indian reservation and, if on, the name of the reservation;
   d. Telephone number;
   e. Date of birth;

f. Race and ethnicity;
g. If Native American, tribal affiliation, if known;
h. Gender;
i. If known, whether the individual is pregnant;
j. Occupation;
k. If known, whether the individual is attending a school or a child care establishment and, if so, the name of the school or child care establishment; and
l. For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, and telephone number of the child's parent or guardian, if known;

2. The following information about the disease:
a. The name of the disease;
b. The date of onset of symptoms;
c. The date of diagnosis;
d. The date of specimen collection;
e. Each type of specimen collected;
f. Each type of laboratory test completed;
g. The date of laboratory confirmation; and
h. A description of the laboratory test results, including quantitative values if available;

3. If reporting a case or suspect case of chancroid, gonorrhea, syphilis, or genital *Chlamydia* infection, a description of the treatment prescribed, if any, including:
a. The name of each drug prescribed,
b. The dosage prescribed for each drug, and
c. The date of prescription for each drug; and

4. The name, address, and telephone number of the individual making the report.

D. For each unexplained death with a history of fever, a health care provider or an administrator of a health care institution or correctional facility shall submit a report that includes:
1. The following information about the deceased individual:
a. Name;
b. Residential address;
c. Telephone number; and
d. If known, medical history;
2. A description of the clinical course of the illness that resulted in death;
3. A list of the laboratory tests completed on the deceased individual and, if available, the laboratory test results, including quantitative values;
4. The suspected cause or causes of death;
5. If known, the status of the autopsy;
6. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; and
7. The name, address, and telephone number of the individual making the report.

E. For each outbreak for which a report is required by subsection (A) or (B) and Table 1, a health care provider or an administrator of a health care institution or correctional facility shall submit a report that includes:
1. A description of the signs and symptoms;
2. If possible, a diagnosis and identification of suspected sources;
3. The number of known cases and suspect cases;
4. A description of the setting of the outbreak; and
5. The name, address, and telephone number of the individual making the report.

F. A health care provider who orders an HIV-related test on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV or an administrator of a health care institution in which an HIV-related test is ordered on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV shall, either personally or through a representative, report the following to the Department within five working days after receiving the results of the HIV-related test:
1. The name of the infant;
2. The name of the infant's mother;
3. The infant's date of birth;
4. The type of HIV-related test ordered;
5. The date of the HIV-related test;
6. The results of the HIV-related test; and
7. The ordering health care provider's name, address, and telephone number.

G. Except as provided in Table 1, a health care provider or an administrator of a health care institution or correctional facility shall, either personally or through a representative, submit a report required under this Section:
1. By telephone;
2. In a document sent by fax, delivery service, or mail; or
3. Through an electronic reporting system authorized by the Department.

Historical Note

Renumbered from R9-6-213 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-202 renumbered to R9-6-502, new Section R9-6-202 renumbered from R9-6-602 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 4467, effective December 1, 2002 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Table 1. Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility

☐*,O	Amebiasis	☐	Hantavirus infection	☐*,O	Salmonellosis
☎	Anthrax	☎	Hemolytic uremic syndrome	O	Scabies
☐	Aseptic meningitis: viral	☐*,O	Hepatitis A	☎	Severe acute respiratory syndrome
☐	Basidiobolomycosis	☐	Hepatitis B and D	☐*,O	Shigellosis
☎	Botulism	☐	Hepatitis C	☎	Smallpox
◑	Brucellosis	☐*,O	Hepatitis E	☐	Streptococcal Group A: Invasive disease
☐*,O	Campylobacteriosis	☐	Herpes genitalis	☐	Streptococcal Group B: Invasive disease in infants younger than 90 days of age
☐	Chancroid	☐	HIV infection and related disease	☐	*Streptococcus pneumoniae* (pneumococcal invasive disease)
☐	*Chlamydia* infection, genital	☐	Kawasaki syndrome	☐	Syphilis
◑*	Cholera	☐	Legionellosis (Legionnaires' disease)	☐*,O	Taeniasis
☐	Coccidioidomycosis (valley fever)	☐	Leptospirosis	☐	Tetanus
☐	Colorado tick fever	☎	Listeriosis	☐	Toxic shock syndrome
O	Conjunctivitis: acute	☐	Lyme disease	☐	Trichinosis
☐	Creutzfeldt-Jakob disease	☐	Lymphocytic choriomeningitis	◑	Tuberculosis
☐*,O	Cryptosporidiosis	☐	Malaria	◑	Tuberculosis infection in a child younger than 6 (positive test result)
☐	*Cyclospora* infection	☎	Measles (rubeola)	☎	Tularemia
☐	Cysticercosis	☎	Meningococcal invasive disease	☎	Typhoid fever
☐	Dengue	◑	Mumps	◑	Typhus fever
O	Diarrhea, nausea, or vomiting	☎	Pertussis (whooping cough)	☎	Unexplained death with a history of fever
☎	Diphtheria	☎	Plague	◑	Vaccinia-related adverse event
☐	Ehrlichiosis	☎	Poliomyelitis	☐	Vancomycin-resistant *Enterococcus* spp.
☎	Emerging or exotic disease	☐	Psittacosis (ornithosis)	☎	Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
◑	Encephalitis, viral or parasitic	◑	Q fever	☎	Vancomycin-resistant *Staphylococcus epidermidis*
☎	Enterohemorrhagic *Escherichia coli*	☎	Rabies in a human	☐	Varicella (chickenpox)
☎	Enterotoxigenic *Escherichia coli*	☐	Relapsing fever (borreliosis)	☐*,O	*Vibrio* infection
☐*,O	Giardiasis	☐	Reye syndrome	☎	Viral hemorrhagic fever
☐	Gonorrhea	☐	Rocky Mountain spotted fever	☎	West Nile virus infection
☐	*Haemophilus influenzae*: invasive disease	◑*	Rubella (German measles)	☎	Yellow fever
☐	Hansen's disease (Leprosy)	◑	Rubella syndrome, congenital	☐*,O	Yersiniosis

Key:
☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.
◑ Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
☐ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
O Submit a report within 24 hours after detecting an outbreak.

Historical Note
New Table made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

A. An administrator of a school, child care establishment, or shelter shall, either personally or through a representative, report a case, suspect case, or outbreak listed in Table 2 to the local health agency within the time limitation and as specified in Table 2 and subsection (B).

B. An administrator of a school, child care establishment, or shelter shall submit a report by telephone that includes:
1. The name and address of the school, child care establishment, or shelter;
2. The number of individuals with the disease, infestation, or symptoms;
3. The date and time that the disease or infestation was detected or that the symptoms began;
4. The number of rooms, grades, or classes affected and the name of each;
5. The following information about each affected individual:
   a. Name;
   b. Date of birth or age;
   c. Residential address and telephone number; and

d. Whether the individual is a staff member, a student, a child in care, or a resident;
6. The number of individuals attending or residing at the school, child care establishment, or shelter; and
7. The name, address, and telephone number of the individual making the report.

Historical Note
Renumbered from R9-6-214 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-203 renumbered to R9-6-503, new Section R9-6-202 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-203 renumbered to R9-6-206; new R9-6-203 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Table 2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

✉	Campylobacteriosis	☎	Mumps
O	Conjunctivitis: acute	☎	Pertussis (whooping cough)
☎	Cryptosporidiosis	☎	Rubella (German measles)
O	Diarrhea, nausea, or vomiting	☎	Salmonellosis
☎	Enterohemorrhagic *Escherichia coli*	O	Scabies
☎	*Haemophilus influenzae*: invasive disease	☎	Shigellosis
☎	Hepatitis A	O	Streptococcal Group A infection
☎	Measles	✉	Varicella (chicken pox)
☎	Meningococcal invasive disease		

Key:
☎ Submit a report within 24 hours after detecting a case or suspect case.
✉ Submit a report within five working days after detecting a case or suspect case.
O Submit a report within 24 hours after detecting an outbreak.

Historical Note
New Table made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-204. Clinical Laboratory Director Reporting Requirements

A. A director of a clinical laboratory that obtains a test result described in Table 3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 3 shall, either personally or through a representative, submit a report and, if applicable, an isolate to the Department within the time limitation and as specified in Table 3 and subsection (B) or (C).

B. Except as provided in Table 3, for each test result for which a report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:
1. Unless the test result is from anonymous HIV testing as described in R9-6-339, the name and, if available, the address and telephone number of the subject;
2. Unless the test result is from anonymous HIV testing as described in R9-6-339, the date of birth of the subject;
3. The laboratory identification number;
4. The specimen type;
5. The date of collection of the specimen;
6. The type of test completed on the specimen;
7. The test result, including quantitative values if available; and
8. The ordering health care provider's name and telephone number.

C. For each specimen for which an immediate report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:
1. The name and, if available, the address and telephone number of the subject;
2. The date of birth of the subject;
3. The laboratory identification number;
4. The specimen type;
5. The date of collection of the specimen;
6. The type of test ordered on the specimen; and
7. The ordering health care provider's name and telephone number.

D. A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection (B) or (C).

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-204 renumbered to R9-6-302; new R9-6-204 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Table 3. Clinical Laboratory Director Reporting Requirements

◑	Arboviruses	☎,✇	*Haemophilus influenzae*, type B, isolated from a normally sterile site	▤+	Respiratory syncytial virus
💣,☎,✇	*Bacillus anthracis*	▤,✇	*Haemophilus influenzae*, other, isolated from a normally sterile site	◑,✇	*Salmonella* spp.
☎,✇	*Bordetella pertussis*	▤	Hantavirus	☎	SARS-associated corona virus
◑,✇	*Brucella* spp.	▤	Hepatitis A virus (anti-HAV-IgM serologies)	◑,✇	*Shigella* spp.
▤	*Campylobacter* spp.	▤	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface antigen serologies, and detection of viral nucleic acid)	▤,✇	*Streptococcus* Group A, isolated from a normally sterile site
▤	CD_4-T-lymphocyte count of fewer than 200 per microliter of whole blood or CD_4-T-lymphocyte percentage of total lymphocytes of less than 14%	▤	Hepatitis C virus	▤	*Streptococcus* Group B, isolated from a normally sterile site in an infant younger than 90 days of age
▤	*Chlamydia trachomatis*	▤	Hepatitis D virus	▤,✇	*Streptococcus pneumoniae* and its drug sensitivity pattern, isolated from a normally sterile site
💣,☎	*Clostridium botulinum* toxin (botulism)	▤	Hepatitis E virus	▤	*Treponema pallidum* (syphilis)
▤	*Coccidioides* spp., by culture or serologies	▤	HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	▤	Vancomycin-resistant *Enterococcus* spp.
◑	*Coxiella burnetii*	▤	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	◑,✇	Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
▤	*Cryptosporidium* spp.	▤+	Influenza virus	◑,✇	Vancomycin-resistant *Staphylococcus epidermidis*
◑	*Cyclospora* spp.	▤,✇	*Legionella* spp. (culture or DFA)	💣,☎	Variola virus (smallpox)
💣,☎	Dengue virus	◑,✇	*Listeria* spp., isolated from a normally sterile site	◑,✇	*Vibrio* spp.
💣,☎	Emerging or exotic disease agent	▤[1]	Methicillin-resistant *Staphylococcus aureus*, isolated from a normally sterile site	💣,☎	Viral hemorrhagic fever agent
▤	*Entamoeba histolytica*	▤,✇[2]	*Mycobacterium tuberculosis* complex and its drug sensitivity pattern	◑	West Nile virus
◑	*Escherichia coli* O157:H7	▤	*Neisseria gonorrhoeae*	◑,✇	*Yersinia* spp. (other than *Y. pestis*)
◑,✇	*Escherichia coli*, *Shiga*-toxin producing	☎,✇	*Neisseria meningitidis*, isolated from a normally sterile site	💣,☎,✇	*Yersinia pestis* (plague)
💣,☎,✇	*Francisella tularensis*	▤	*Plasmodium* spp.		

Key:

💣 Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
☎ Submit a report within 24 hours after obtaining a positive test result.
◑ Submit a report within one working day after obtaining a positive test result.
▤ Submit a report within five working days after obtaining a positive test result or a test result specified in Table 3.
✇ Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
\+ A clinical laboratory director may report aggregate numbers of positive test results every five working days rather than submitting individual reports as required in R9-6-204(B).
1 Submit a report only when an initial positive result is obtained for an individual.
2 Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.

Historical Note

New Table made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-205. Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy

A. A pharmacist who fills an individual's initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual's initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report that complies with subsection (C) to the Department within five working days after the prescription is filled.

B. Any combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
1. Isoniazid,
2. Streptomycin,
3. Any rifamycin,
4. Pyrazinamide, or
5. Ethambutol.

C. A pharmacist or an administrator of a pharmacy shall submit a report required under subsection (A) by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department and shall include in the report:
1. The following information about the individual for whom the drugs are prescribed:
   a. Name,
   b. Address,
   c. Telephone number, and
   d. Date of birth; and
2. The following information about the prescription:
   a. The name of the drugs prescribed,
   b. The date of prescription, and
   c. The name and telephone number of the prescribing health care provider.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports

A. The Department shall supply each local health agency with a form to be used by a health care provider or an administrator of a health care institution or correctional facility when making a written report required under R9-6-202(A) or (B) and Table 1. The form shall contain space to provide the information required under R9-6-202(C). A local health agency shall distribute copies of the form as needed to health care providers and administrators of health care institutions and correctional facilities.

B. For each reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:
1. Within one working day after receiving a report, submit to the Department:
   a. The following information about the deceased individual:
      i. Name;
      ii. Residential address;
      iii. Date of birth;
      iv. Race and ethnicity;
      v. Whether the individual resided on or off a reservation and, if on, the name of the reservation;
      vi. Gender;
      vii. Whether the individual was pregnant and, if so, the outcome of the pregnancy; and
      viii. Occupation;
   b. The approximate date and time of death;
   c. A description of the setting where the death occurred and of the circumstances leading up to the time of death;
   d. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; and
   e. The name, address, and telephone number of the individual making the report; and
2. Within 30 days after receiving the report, submit to the Department a written report of the epidemiologic investigation required under Article 3, including:
   a. The name and date of birth of the deceased individual;
   b. The date of any specimen collection;
   c. Identification of each type of specimen collected;
   d. Identification of each type of laboratory test completed;
   e. A description of the laboratory test results, including quantitative results if available;
   f. If an autopsy was completed, the autopsy results;
   g. A hypothesis or conclusion as to the cause of death; and
   h. Specific recommendations for preventing future deaths, if applicable.

C. Within 10 working days after completing an epidemiologic investigation of a case as required under Article 3, if Article 3 does not require a local health agency to complete a disease-specific form, a local health agency shall submit to the Department a written report of the epidemiologic investigation, including:
1. A communicable disease report containing the information described in R9-6-202(C),
2. A description of all laboratory test results contributing to the diagnosis,
3. A classification of the case according to the case definition,
4. A description of the case's outcome,
5. A description of the case's specific risk factors for the disease or a hypothesis of how the case acquired the infection that resulted in the disease, and
6. A description of how the local health agency provided or arranged for the case to receive education about the nature of the disease and how to prevent transmission or limit disease progression.

D. A local health agency shall forward to the Department each original report received by the local health agency, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify the current status for each report, as follows:
1. Case confirmed and epidemiologic investigation not required,
2. Case confirmed and report from epidemiologic investigation attached,
3. Case under investigation, or
4. No action taken.

E. Within 30 days after completing an epidemiologic investigation of an outbreak as required under this Chapter, a local health agency shall submit to the Department a written summary of the investigation, including:
1. A description of the outbreak location;
2. The date and time that the local health agency was notified of the outbreak;
3. A description of how the local health agency verified the outbreak;

4. The number of individuals reported to be ill during the outbreak;
5. The number of individuals estimated to be at risk for illness as a result of the outbreak;
6. The specific case definition used;
7. A summary profile of the signs and symptoms;
8. An epidemiologic curve;
9. A copy of the laboratory evidence collected, including all laboratory test results;
10. Hypotheses of how the outbreak occurred;
11. A description of the control measures used and the dates they were implemented;
12. The conclusions drawn based upon the results of the investigation;
13. Specific recommendations for preventing future outbreaks; and
14. The name, address, and telephone number of the individual making the report.

F. A local health agency shall immediately notify the Department when the local health agency receives a report or reports indicating an outbreak or suspect outbreak. The notification shall include:
1. The location of the outbreak or suspect outbreak;
2. If known, the number of cases and suspect cases;
3. The date that the outbreak was reported or dates that cases suggestive of an outbreak were reported;
4. The setting of the outbreak or suspect outbreak;
5. The name of the disease suspected or known to be the subject of the outbreak or suspect outbreak; and
6. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or suspect outbreak.

Historical Note
Section renumbered from R9-6-203 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-207. Federal or Tribal Entity Reporting

A. To the extent permitted by law, a federal or tribal entity shall comply with the reporting requirements in this Article as follows:
1. If the federal or tribal entity is participating in the diagnosis or treatment of an individual, the federal or tribal entity shall comply with the reporting requirements for a health care provider;
2. If the federal or tribal entity is operating a facility that provides health care services, the federal or tribal entity shall comply with the reporting requirements for an administrator of a health care institution;
3. If the federal or tribal entity is operating a correctional facility, the federal or tribal entity shall comply with the reporting requirements for an administrator of a correctional facility;
4. If the federal or tribal entity is operating a clinical laboratory, the federal or tribal entity shall comply with the reporting requirements for a clinical laboratory director;
5. If the federal or tribal entity is operating a facility that provides pharmacy services, the federal or tribal entity shall comply with the reporting requirements for an administrator of a pharmacy;
6. If the federal or tribal entity is operating a facility that provides child care services, the federal or tribal entity shall comply with the reporting requirements for an administrator of a child care establishment; and
7. If the federal or tribal entity is operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001, the federal or tribal entity shall comply with the reporting requirements for an administrator of a school.

B. For the purposes of this Section, "federal or tribal entity" means a person operating within this state, whether on federal or tribal land or otherwise, under the authority of an agency or other administrative subdivision of the federal government or a tribal nation and who is:
1. Licensed as a doctor of allopathic, naturopathic, osteopathic, or homeopathic medicine under the laws of this or another state;
2. Licensed as a physician assistant under the laws of this or another state;
3. Licensed as a registered nurse practitioner under the laws of this or another state;
4. Licensed as a dentist under the laws of this or another state;
5. Operating a facility that provides health care services;
6. Operating a correctional facility;
7. Operating a clinical laboratory;
8. Operating a facility that provides pharmacy services;
9. Operating a facility that provides child care services; or
10. Operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-208. Reserved

R9-6-209. Reserved

R9-6-210. Reserved

R9-6-211. Renumbered

Historical Note
Renumbered to R9-6-201 effective May 2, 1991 (Supp. 91-2).

R9-6-212. Renumbered

Historical Note
Renumbered to R9-6-201(C) effective May 2, 1991 (Supp. 91-2).

R9-6-213. Renumbered

Historical Note
Renumbered to R9-6-202 effective May 2, 1991 (Supp. 91-2).

R9-6-214. Renumbered

Historical Note
Renumbered to R9-6-203 effective May 2, 1991 (Supp. 91-2).

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

R9-6-301. Definitions

In this Article, unless otherwise specified:
1. "Blood bank" means a facility where human whole blood or a blood component is collected, prepared, tested, pro-

cessed, or stored, or from which human whole blood or a blood component is distributed.
2. "Blood center" means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
3. "Close contact" means an individual who has spent a sufficient amount of time with and who has been within a sufficient proximity to a case to have sustained significant exposure to an infectious agent.
4. "Concurrent disinfection" means the application of measures to disinfect inanimate objects or surfaces after the discharge of body fluids from the body of an infected individual or after the contamination of articles with body fluids.
5. "Contact precautions" means, in addition to Standard precautions, placement of a case in a private room or a cohort room and use of a gown and gloves when in the proximity of the case.
6. "Contaminated" means to have come in contact with a disease-causing agent or toxin.
7. "Counseling and testing site" means a health facility offering clients HIV counseling and HIV-related testing that meets the standards established in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Revised Guidelines for HIV Counseling, Testing, and Referral (November 2001), published in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Pub. No. RR-19, 50 Morbidity and Mortality Weekly Report (November 9, 2001), incorporated by reference, on file with the Department and the Office of the Secretary of State, and available at http://www.cdc.gov/mmwr/ or ftp://ftp.cdc.gov/pub/Publications/mmwr/ or from Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333. This incorporation by reference contains no future editions or amendments.
8. "Disinfection" means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.
9. "Disinfestation" means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
10. "Droplet precautions" means, in addition to Standard precautions, placement of a case in a private room or cohort room and use of a mask when working within three feet of the case.
11. "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
12. "Identified individual" means an individual named by a case as an individual who may have been exposed through sexual contact with the case and for whom a case provides information that enables the local health agency to locate the individual.
13. "Incapacitated adult" means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.
14. "Midwife" has the same meaning as in A.R.S. § 36-751.
15. "Pediculocide" means a shampoo or cream rinse manufactured and labeled for controlling head lice.
16. "Person in charge" means the individual present at a food establishment who is responsible for the food establishment's operation at the time in question.
17. "Plasma center" means a facility where the process of plasmapheresis or another form of apheresis is conducted.
18. "Pupil" means a student attending a school, as defined in A.R.S. § 15-101.
19. "School district personnel" means individuals who work for a "school district," as defined by A.R.S. § 15-101, whether within a classroom or other setting and whether as employees, contractors, or volunteers.
20. "Sexual contact" means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.
21. "State health officer" means the Director of the Department or the Director's designee.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-301 repealed; new R9-6-301 renumbered from R9-6-103 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-302. Local Health Agency Control Measures
A local health agency shall:
1. Review each report received under Article 2 for completeness and accuracy;
2. Confirm each diagnosis;
3. Conduct epidemiologic and other investigations required by this Chapter;
4. Facilitate notification of known contacts;
5. Conduct surveillance;
6. Determine trends;
7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter; and
8. Disseminate surveillance information to health care providers.

Historical Note
Renumbered from R9-6-702 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-302 renumbered to R9-6-304; new R9-6-302 renumbered from R9-6-204 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-303. Food Establishment Control Measures
The person in charge of a food establishment shall ensure compliance with all food handler exclusion requirements in this Article or ordered by a local health agency.

Historical Note
Renumbered from R9-6-703 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-303 renumbered to R9-6-305; new R9-6-303 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-304. Amebiasis
A. Case control measures:
1. A local health agency shall exclude an amebiasis case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until treatment with an amebicide is completed and two successive fecal examinations negative for amoebae are obtained from specimens collected at least 24 hours apart.
2. A local health agency shall conduct an epidemiologic investigation of each reported amebiasis case or suspect case.

B. Contact control measures: A local health agency shall exclude each amebiasis contact with symptoms of amebiasis from working as a food handler until two successive fecal examina-

tions negative for amoebae are obtained from specimens collected at least 24 hours apart.

Historical Note
Renumbered from R9-6-704 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-304 renumbered to R9-6-306; new R9-6-304 renumbered from R9-6-302 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-305. Anthrax

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported anthrax case or suspect case.

B. Environmental control measures: A local health agency shall provide or arrange for sterilization by dry heating or incineration of objects contaminated by *Bacillus anthracis*.

Historical Note
Renumbered from R9-6-705 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-305 renumbered to R9-6-308; new R9-6-305 renumbered from R9-6-303 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-306. Aseptic Meningitis: Viral

Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of viral aseptic meningitis.

Historical Note
Renumbered from R9-6-706 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-306 renumbered to R9-6-309; new R9-6-306 renumbered from R9-6-304 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-307. Basidiobolomycosis

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case.

Historical Note
Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Former R9-6-307 renumbered to R9-6-310; new R9-6-307 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-308. Botulism

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported botulism case or suspect case. For each botulism case who is an infant, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.73, "Guide to Investigation of Infant Botulism" (September 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.73 provided by the Department.

B. Environmental control measures: An individual in possession of food known to be contaminated by *Clostridium botulinum* shall boil the contaminated food for 10 minutes and then discard it. An individual in possession of utensils known to be contaminated by *Clostridium botulinum* shall boil the contaminated utensils for 10 minutes before reuse or disposal.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-308 renumbered to R9-6-311; new R9-6-308 renumbered from R9-6-305 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-309. Brucellosis

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported brucellosis case or suspect case. For each brucellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 4.153, "Brucellosis Case Surveillance Report" (November 1980), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 4.153 provided by the Department.

Historical Note
Renumbered from R9-6-708 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-309 renumbered to R9-6-312; new R9-6-309 renumbered from R9-6-306 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-310. Campylobacteriosis

A. Case control measures:
1. A local health agency shall exclude a campylobacteriosis case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
   a. One of the following occurs:
      i. A culture negative for *Campylobacter* spp. is obtained from a stool specimen, or
      ii. Treatment is maintained for 24 hours; and
   b. Diarrhea has resolved.
2. A local health agency shall conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case. For each campylobacteriosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-A or an electronic equivalent to Exhibit III-A provided by the Department.

B. Contact control measures: A local health agency shall exclude each campylobacteriosis contact with diarrhea from working as a food handler until a culture negative for *Campylobacter* spp. is obtained from a stool specimen or diarrhea has resolved.

Historical Note
Renumbered from R9-6-709 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-310 renumbered to R9-6-313; new R9-6-310 renumbered from R9-6-307 and

amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-311. Chancroid (*Haemophilus ducreyi*)

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported chancroid case or suspect case, confirming the stage of the disease.

B. Contact control measures: When a chancroid case has named an identified individual, a local health agency shall:
1. Notify the identified individual of chancroid exposure;
2. Offer or arrange for the identified individual to receive treatment for chancroid; and
3. Counsel the identified individual about the following:
   a. The characteristics of chancroid,
   b. The syndrome caused by chancroid,
   c. Measures to reduce the likelihood of transmitting chancroid to another, and
   d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.

Historical Note

Repealed effective May 2, 1991 (Supp. 91-2). New Section R9-6-311 renumbered from R9-6-710 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-311 renumbered to R9-6-314; new R9-6-311 renumbered from R9-6-308 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-312. *Chlamydia* Infection, Genital

A. Case control measures: The Department shall review each *Chlamydia* infection case report for completeness, accuracy, and need for follow-up.

B. Contact control measures: If an individual who may have been exposed to *Chlamydia* through sexual contact with a *Chlamydia* infection case seeks treatment for *Chlamydia* infection from a local health agency, the local health agency shall offer or arrange for treatment.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-312 renumbered to R9-6-315; new R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-313. Cholera

A. Case control measures:
1. A local health agency shall exclude a cholera case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for *Vibrio cholerae* are obtained from fecal specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics.
2. A local health agency shall conduct an epidemiologic investigation of each reported cholera case or suspect case. For each cholera case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to Form CDC 52.79 provided by the Department.

B. Contact control measures: A local health agency shall:
1. Provide follow-up for each cholera contact for five days after exposure; and
2. Exclude each cholera contact with symptoms of cholera from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for *Vibrio cholerae* are obtained from fecal specimens collected at least 24 hours apart.

Historical Note

Renumbered from R9-6-711 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-313 renumbered to R9-6-316; new R9-6-313 renumbered from R9-6-310 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-314. Coccidioidomycosis (Valley Fever)

Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-314 renumbered to R9-6-318; new R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-315. Colorado Tick Fever

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Colorado tick fever case or suspect case.

Historical Note

Renumbered from R9-6-712 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-315 renumbered to R9-6-321; new R9-6-315 renumbered from R9-6-312 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-316. Conjunctivitis: Acute

Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.

Historical Note

Renumbered from R9-6-713 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-316 repealed; new R9-6-316 renumbered from R9-6-313 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-317. Creutzfeldt-Jakob Disease

Case control measures: A local health agency shall complete an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case.

Historical Note

Renumbered from R9-6-714 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-317 renum-

bered to R9-6-323; new R9-6-317 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-318. Cryptosporidiosis

Case control measures:

1. A local health agency shall exclude a cryptosporidiosis case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.
2. A local health agency shall conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case. For each cryptosporidiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-B or an electronic equivalent to Exhibit III-B provided by the Department.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-318 renumbered to R9-6-324; new R9-6-318 renumbered from R9-6-314 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-319. *Cyclospora* Infection

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported *Cyclospora* infection case or suspect case.

Historical Note

Renumbered from R9-6-715 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-319 renumbered to R9-6-326; new R9-6-319 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-320. Cysticercosis

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported cysticercosis case or suspect case.

Historical Note

Renumbered from R9-6-716 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-320 renumbered to Section R9-6-321; new Section R9-6-320 adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-321. Dengue

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported dengue case or suspect case.

Historical Note

Renumbered from R9-6-717 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-321 renumbered to R9-6-322; new Section R9-6-321 renumbered from R9-6-320 effective April 4, 1997 (Supp. 97-2). Former R9-6-321 renumbered to R9-6-322; new R9-6-321 renumbered from R9-6-315 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-322. Diarrhea, Nausea, or Vomiting

A. Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each water, sewage, or food preparation facility associated with an outbreak of diarrhea, nausea, or vomiting.

B. Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting.

1. For each suspected foodborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.13, "Investigation of a Foodborne Outbreak" (October 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to Form CDC 52.13 provided by the Department.
2. For each suspected waterborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.12, "Waterborne Diseases Outbreak Report" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to Form CDC 52.12 provided by the Department.
3. For each outbreak of viral gastroenteritis, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III-C or an electronic equivalent to Exhibit III-C provided by the Department.

Historical Note

Renumbered from R9-6-718 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-322 renumbered to R9-6-323; new Section R9-6-322 renumbered from R9-6-321 effective April 4, 1997 (Supp. 97-2). Former R9-6-322 renumbered to R9-6-329; new R9-6-322 renumbered from R9-6-321 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-323. Diphtheria

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a diphtheria case until:
   a. One of the following:
      i. If the case has pharyngeal diphtheria, two successive sets of cultures negative for *Cornyebacterium diphtheriae* are obtained from nose and throat specimens collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or
      ii. If the case has cutaneous diphtheria, two successive cultures negative for *Cornyebacterium diphtheriae* are obtained from skin specimens

collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or

b. Fourteen days after initiation of treatment.

2. A local health agency shall conduct an epidemiologic investigation of each reported diphtheria case or suspect case. For each diphtheria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Diphtheria Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to the "CDC Diphtheria Worksheet" provided by the Department.

B. Contact control measures: A local health agency shall:
1. Exclude each diphtheria contact from working as a food handler until a set of cultures negative for *Cornyebacterium diphtheriae* is obtained from the contact's nose and throat specimens;
2. Quarantine each close contact of a diphtheria case until two successive sets of cultures negative for *Cornyebacterium diphtheriae* are obtained from nose and throat specimens collected from the close contact at least 24 hours apart;
3. Offer each previously immunized diphtheria contact a vaccine containing diphtheria toxoid; and
4. Offer each unimmunized diphtheria contact the primary vaccine series and treatment.

Historical Note

Renumbered from R9-6-719 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-323 renumbered to R9-6-324; new Section R9-6-323 renumbered from R9-6-322 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-323 renumbered to R9-6-330; new R9-6-323 renumbered from R9-6-317 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-324. Ehrlichiosis

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported ehrlichiosis case or suspect case. For each ehrlichiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 55.1 provided by the Department.

Historical Note

Renumbered from R9-6-720 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-324 renumbered to R9-6-326; new Section R9-6-324 renumbered from R9-6-323, effective April 4, 1997 (Supp. 97-2). Former R9-6-324 renumbered to R9-6-331; new R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-325. Emerging or Exotic Disease

A. Case control measures:
1. A local health agency, in consultation with the Department, shall isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission.
2. A local health agency shall conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case.

B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine an emerging or exotic disease contact as necessary to prevent transmission.

Historical Note

Renumbered from R9-6-721 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-325 renumbered to R9-6-327; new Section R9-6-325 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-325 renumbered to R9-6-333; new R9-6-325 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-326. Encephalitis: Viral or Parasitic

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case. For each mosquito-borne viral encephalitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-D or an electronic equivalent to Exhibit III-D provided by the Department.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-326 renumbered to R9-6-329; new Section R9-6-326 renumbered from R9-6-324 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-326 renumbered to R9-6-335; new R9-6-326 renumbered from R9-6-319 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-327. Enterohemorrhagic *Escherichia coli*

A. Case control measures:
1. A local health agency shall exclude an enterohemorrhagic *Escherichia coli* case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
   a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
   b. Diarrhea has resolved.
2. A local health agency shall conduct an epidemiologic investigation of each reported enterohemorrhagic *Escherichia coli* case or suspect case. For each enterohemorrhagic *Escherichia coli* case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-E or an electronic equivalent to Exhibit III-E provided by the Department.

B. Contact control measures: A local health agency shall exclude an enterohemorrhagic *Escherichia coli* contact with diarrhea from working as a food handler until diarrhea has resolved.

Historical Note
Renumbered from R9-6-722 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-327 renumbered to R9-6-330; new Section R9-6-327 renumbered from R9-6-325 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-327 renumbered to R9-6-336; new R9-6-327 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-328. Enterotoxigenic *Escherichia coli*

A. Case control measures:
1. A local health agency shall exclude an enterotoxigenic *Escherichia coli* case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
   a. Two successive cultures negative for enterotoxigenic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
   b. Diarrhea has resolved.
2. A local health agency shall conduct an epidemiologic investigation of each reported enterotoxigenic *Escherichia coli* case or suspect case.

B. Contact control measures: A local health agency shall exclude an enterotoxigenic *Escherichia coli* contact with diarrhea from working as a food handler until diarrhea has resolved.

Historical Note
Renumbered from R9-6-701 and amended effective October 19, 1993 (Supp. 93-4). Former Section R6-6-328 renumbered to R9-6-331; new Section R9-6-328 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-328 renumbered to R9-6-337; new R9-6-328 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-329. Giardiasis

A. Case control measures: A local health agency shall exclude a giardiasis case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
1. Two successive fecal examinations negative for *Giardia lamblia* are obtained from specimens collected from the case at least 24 hours apart, or
2. Treatment for giardiasis is initiated and diarrhea has resolved.

B. Contact control measures:
1. A local health agency shall exclude a giardiasis contact with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.
2. A local health agency shall counsel or arrange for a giardiasis contact or, if the contact is a child or incapacitated adult, the parent or guardian of the contact to be counseled about handwashing and concurrent disinfection of contaminated objects.

C. Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported giardiasis outbreak. For each giardiasis case involved in an outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III-F or an electronic equivalent to Exhibit III-F provided by the Department.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Section R9-6-329 renumbered to R9-6-332; new Section R9-6-329 renumbered from R9-6-326 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-329 repealed; new R9-6-329 renumbered from R9-6-322 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-330. Gonorrhea

A. Case control measures:
1. The Department shall review each gonorrhea case report for completeness, accuracy, and need for follow-up.
2. For the prevention of gonorrheal ophthalmia, a health care provider or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:
   a. Erythromycin ophthalmic ointment 0.5%, or
   b. Tetracycline ophthalmic ointment 1%.

B. Contact control measures: If an individual who may have been exposed to gonorrhea through sexual contact with a gonorrhea case seeks treatment for gonorrhea from a local health agency, the local health agency shall offer or arrange for treatment.

Historical Note
Renumbered from R9-6-723 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-330 renumbered to R9-6-333; new Section R9-6-330 renumbered from R9-6-327 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-330 repealed; new R9-6-330 renumbered from R9-6-323 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-331. *Haemophilus influenzae*: Invasive Disease

A. Case control measures:
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a *Haemophilus influenzae* invasive disease case for 24 hours after the initiation of treatment.
2. A local health agency shall conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case.
   a. For each *Haemophilus influenzae* invasive disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
      i. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
      ii. An electronic equivalent to Form CDC 52.15N provided by the Department.
   b. For each *Haemophilus influenzae* type B invasive disease case younger than 5 years of age, a local

health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

i. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Expanded Case Report Form: *Haemophilus Influenzae* Type B in Children < 5 Years of Age" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or

ii. An electronic equivalent to the "CDC Expanded Case Report Form: *Haemophilus Influenzae* Type B in Children < 5 Years of Age" provided by the Department.

B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a *Haemophilus influenzae* invasive disease case and, if indicated, shall provide or arrange for each contact to receive immunization or treatment.

Historical Note

Renumbered from R9-6-724 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-331 renumbered to R9-6-334; new Section R9-6-331 renumbered from R9-6-328 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-331 renumbered to R9-6-339; new R9-6-331 renumbered from R9-6-324 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-332. Hansen's Disease (Leprosy)

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Hansen's disease case or suspect case. For each Hansen's disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.18, "Hansen's Disease Surveillance Form" (March 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.18 provided by the Department.

B. Contact control measures: A local health agency shall examine close contacts of a Hansen's disease case for signs and symptoms of leprosy at six-to-twelve month intervals for five years after the last exposure to an infectious case.

Historical Note

Renumbered from R9-6-725 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-332 renumbered to R9-6-335; new Section R9-6-332 renumbered from R9-6-329 effective April 4, 1997 (Supp. 97-2). Former R9-6-332 repealed; new R9-6-332 renumbered from R9-6-334 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-333. Hantavirus Infection

Case control measures:

1. A local health agency shall counsel or arrange for a Hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be counseled about reducing the risks of becoming reinfected with or of having others become infected with hantavirus.
2. A local health agency shall conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case. For each hantavirus infection case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Hantavirus Pulmonary Syndrome Case Report Form" (November 2002) and a Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Individual Questionnaire" (January 1996), which are incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
   b. Electronic equivalents to the "Hantavirus Pulmonary Syndrome Case Report Form" and "Individual Questionnaire" provided by the Department.

Historical Note

Renumbered from R9-6-726 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-333 renumbered to R9-6-336; new Section R9-6-333 renumbered from R9-6-330 effective April 4, 1997 (Supp. 97-2). Former R9-6-333 renumbered to R9-6-341; new R9-6-333 renumbered from R9-6-325 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-334. Hemolytic Uremic Syndrome

A. Case control measures:

1. A local health agency shall exclude a hemolytic uremic syndrome case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
   a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
   b. Diarrhea has resolved.
2. A local health agency shall conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case.

B. Contact control measures: A local health agency shall exclude a hemolytic uremic syndrome contact with diarrhea from working as a food handler until diarrhea has resolved.

Historical Note

Renumbered from R9-6-727 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-334 renumbered to R9-6-337; new Section R9-6-334 renumbered from R9-6-331 effective April 4, 1997 (Supp. 97-2). Former R9-6-334 renumbered to R9-6-332; new R9-6-334 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-335. Hepatitis A

A. Case control measures:
1. A local health agency shall exclude a hepatitis A case from working as a food handler or attending a child care establishment during the first 14 days of illness or for seven days after onset of jaundice.
2. A local health agency shall conduct an epidemiologic investigation of each reported hepatitis A case or suspect case. For each hepatitis A case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-G or an electronic equivalent to Exhibit III-G provided by the Department.

B. Contact control measures: A local health agency shall:
1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 days of illness or for seven days after onset of jaundice;
2. For 45 days after exposure, provide follow-up to a food handler who is a contact of a hepatitis A case during the infectious period; and
3. Evaluate the level of risk of transmission from each contact's exposure to a hepatitis A case and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.

Historical Note

Renumbered from R9-6-728 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-335 renumbered to R9-6-338; new Section R9-6-335 renumbered from R9-6-332 effective April 4, 1997 (Supp. 97-2). Former R9-6-335 renumbered to R9-6-342; new R9-6-335 renumbered from R9-6-326 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-336. Hepatitis B and Hepatitis D

A. Case control measures:
1. A local health agency shall evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated.
2. A local health agency shall conduct an epidemiologic investigation of each reported hepatitis B case or suspect case.
   a. For each acute hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-H or an electronic equivalent to Exhibit III-H provided by the Department.
   b. For each perinatal hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-I or an electronic equivalent to Exhibit III-I provided by the Department.
3. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

B. Contact control measures: A local health agency shall refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series.

Historical Note

Renumbered from R9-6-729 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-336 renumbered to R9-6-339; new Section R9-6-336 renumbered from R9-6-333 effective April 4, 1997 (Supp. 97-2). Former R9-6-336 renumbered to R9-6-343; new R9-6-336 renumbered from R9-6-327 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-337. Hepatitis C

Case control measures:
1. A local health agency shall conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case.
2. The Department shall provide education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection to each reported non-acute hepatitis C case or suspect case.

Historical Note

Renumbered from R9-6-730 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-337 renumbered to R9-6-340; new Section R9-6-337 renumbered from R9-6-334 effective April 4, 1997 (Supp. 97-2). Former R9-6-337 renumbered to R9-6-344; new R9-6-337 renumbered from R9-6-328 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-338. Hepatitis E

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported hepatitis E case or suspect case. For each case of symptomatic acute viral hepatitis, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 53.1, "Viral Hepatitis Case Record for Reporting of Patients with Symptomatic Acute Viral Hepatitis" (June 1993), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral Hepatitis, 1600 Clifton Rd., NE, Mailstop G-37, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 53.1 provided by the Department.

Historical Note

Renumbered from R9-6-731 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-338 renumbered to R9-6-341; new Section R9-6-338 renumbered from R9-6-335 effective April 4, 1997 (Supp. 97-2). Former R9-6-338 renumbered to R9-6-346; new R9-6-338 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-339. Human Immunodeficiency Virus (HIV) Infection and Related Disease

A. Case control measures:
1. A local health agency shall conduct an epidemiologic investigation of each reported HIV case, suspect case, or carrier within 30 days after receiving a report. Upon completion of an epidemiologic investigation, a local health agency shall not retain any personal identifying information about the case, suspect case, or carrier.
2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
3. A counseling and testing site supervised by the Department or by a local health agency shall offer anonymous

testing. The Department or local health agency shall collect the following epidemiologic information about each individual opting for anonymous testing:
a. Age,
b. Race and ethnicity,
c. Gender,
d. County of residence, and
e. HIV-associated risk behaviors.

4. The Department shall confidentially notify an identifiable third party reported to be at risk of HIV infection under A.R.S. § 36-664(K) if all of the following conditions are met:
   a. The Department receives the report of risk in a document that includes the following:
      i. The name and address of the identifiable third party,
      ii. The name and address of the individual placing the identifiable third party at risk,
      iii. The name and address of the individual making the report, and
      iv. The type of exposure placing the identifiable third party at risk;
   b. The individual making the report is in possession of confidential HIV-related information; and
   c. The Department determines that the information provided in the report is accurate and sufficient to warrant notification of the identifiable third party.
5. As authorized under A.R.S. § 36-136(L), a local health agency shall notify the superintendent of a school district, as defined in A.R.S. § 15-101, in a confidential document that a pupil of the school district is a case or carrier of HIV if the following criteria are met:
   a. The local health agency determines by consulting with the Department that the pupil places others in the school setting at risk for HIV infection; and
   b. The school district has an HIV policy that includes the following provisions:
      i. That a school shall not exclude an infected pupil from attending school or school functions or from participating in school activities solely due to HIV infection;
      ii. That the school district shall establish a group to determine on a case-by-case basis whether an infected pupil should be permitted to attend school by considering the risks and benefits to the pupil and to others if the pupil attends school;
      iii. That the group described in subsection (A)(5)(b)(ii) shall include the superintendent of the school district, the parents or guardians of a minor pupil, the pupil if the pupil is not a minor or is emancipated, the pupil's physician, and the local health officer, and may include an administrator of a school, a school nurse, and a teacher or counselor of the pupil;
      iv. That school district personnel who are informed of the pupil's HIV infection shall keep that information confidential;
      v. That the school district shall provide HIV education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions; and
      vi. That school district personnel who handle blood or body fluids shall comply with Elizabeth A. Bolyard et al., Guideline for Infection Control in Health Care Personnel, 1998 (1998), incorporated by reference; on file with the Department and the Office of the Secretary of State; available from National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161; and including no future editions or amendments.

B. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with 29 CFR 1910.1030 (as of November 7, 2002), as required by A.R.S. § 23-403 and A.A.C. R20-5-602.

Historical Note
Renumbered from R9-6-732 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-339 renumbered to R9-6-342; new Section R9-6-339 renumbered from R9-6-336 and amended effective April 4, 1997 (Supp 97-2). Former R9-6-339 renumbered to R9-6-347; new R9-6-339 renumbered from R9-6-331 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-340. Kawasaki Syndrome

A local health agency shall conduct an epidemiologic investigation of each reported Kawasaki syndrome case or suspect case. For each Kawasaki syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.54, "Kawasaki Syndrome Case Reporting" (January 1991), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 55.54 provided by the Department.

Historical Note
Renumbered from R9-6-733 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-340 renumbered to R9-6-343; new Section R9-6-340 renumbered from R9-6-337 effective April 4, 1997 (Supp. 97-2). Former R9-6-340 renumbered to R9-6-348; new R9-6-340 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-341. Legionellosis (Legionnaires' Disease)

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported legionellosis case or suspect case. For each legionellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.56, "Legionellosis Case Report" (August 1999), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.56 provided by the Department.

B. Environmental control measures: The owner of a water, cooling, or ventilation system that is determined by the Depart-

ment or a local health agency to have caused a case of *Legionella* infection shall disinfect the system before resuming its use.

Historical Note
Renumbered from R9-6-734 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-341 renumbered to R9-6-344; new Section R9-6-341 renumbered from R9-6-338 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-341 renumbered to R9-6-349; new R9-6-341 renumbered from R9-6-333 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-342. Leptospirosis
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported leptospirosis case or suspect case. For each leptospirosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.26, "Leptospiroris Case Investigation Report" (October 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.26 provided by the Department.

Historical Note
Renumbered from R9-6-735 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-342 renumbered to R9-6-345; new Section R9-6-342 renumbered from R9-6-339 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-342 renumbered to R9-6-350; new R9-6-342 renumbered from R9-6-335 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-343. Listeriosis
Case control measures:

1. A local health agency shall conduct an epidemiologic investigation of each reported listeriosis case or suspect case. For each listeriosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-J or an electronic equivalent to Exhibit III-J provided by the Department.
2. A local health agency shall counsel a listeriosis case or, if the case is a child or an incapacitated adult, the parent or guardian of the case about the risks of contracting listeriosis from cold deli meats and unpasteurized dairy products.

Historical Note
Renumbered from R9-6-736 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-343 renumbered to R9-6-346; new Section R9-4-343 renumbered from R9-6-340 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-343 renumbered to R9-6-351; new R9-6-343 renumbered from R9-6-336 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-344. Lyme Disease
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Lyme disease case or suspect case. For each Lyme disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-K or an electronic equivalent to Exhibit III-K provided by the Department.

Historical Note
Renumbered from R9-6-737 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-344 renumbered to R9-6-347; new Section R9-6-344 renumbered from R9-6-341 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-344 renumbered to R9-6-352; new R9-6-344 renumbered from R9-6-337 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-345. Lymphocytic Choriomeningitis
Case control measures:

1. A local health agency shall conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case.
2. A local health agency shall counsel or arrange for a lymphocytic choriomeningitis case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be counseled about reducing the risks of becoming reinfected with or of having others become infected with lymphocytic choriomeningitis virus.

Historical Note
Renumbered from R9-6-738 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-345 renumbered to R9-6-348; new Section R9-6-345 renumbered from R9-6-342 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-345 renumbered to R9-6-353; new R9-6-345 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-346. Malaria
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported malaria case or suspect case. For each malaria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.1, "Malaria Case Surveillance Report" (January 2002), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 54.1 provided by the Department.

Historical Note
Renumbered from R9-6-739 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-346 renumbered to R9-6-349; new Section R9-6-346 renumbered from R9-6-343 effective April 4, 1997 (Supp. 97-2). Former R9-6-346 renumbered to R9-6-354; new R9-6-346 renumbered from R9-6-338 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-347. Measles (Rubeola)
A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
   a. Exclude a measles case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the fourth day after the rash appears; and
   b. Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a measles case from onset of illness through the fourth day after the rash appears.
3. A local health agency shall conduct an epidemiologic investigation of each reported measles case or suspect case. For each measles case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Measles Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to the "Measles Surveillance Worksheet" provided by the Department.

B. Contact control measures:
1. When a measles case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
   a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
   b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall provide or arrange for immunization of each non-immune measles contact within 72 hours after last exposure, if possible.
3. A paid or volunteer full- or part-time worker at a health care institution shall not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
   a. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;
   b. A statement signed by a physician, state health officer, or local health officer affirming serologic evidence of immunity to measles; or
   c. Documentary evidence of birth before January 1, 1957.

Historical Note

Renumbered from R9-6-740 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-347 renumbered to R9-6-350; new Section R9-6-347 renumbered from R9-6-344 effective April 4, 1997 (Supp. 97-2). Former R9-6-347 renumbered to R9-6-355; new R9-6-347 renumbered from R9-6-339 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-348. Meningococcal Invasive Disease

A. Case control measures:
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a meningococcal invasive disease case for 24 hours after the initiation of treatment.
2. A local health agency shall conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case. For each meningococcal invasive disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference in R9-6-331; or
   b. An electronic equivalent to Form CDC 52.15N provided by the Department.

B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a meningococcal invasive disease case and, if indicated, provide or arrange for each contact to receive prophylaxis.

Historical Note

Renumbered from R9-6-741 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-348 renumbered to R9-6-351; new Section R9-6-348 renumbered from R9-6-345 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-348 renumbered to R9-6-356; new R9-6-348 renumbered from R9-6-340 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-349. Mumps

A. Case control measures:
1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a mumps case from the school or child care establishment for nine days after the onset of glandular swelling.
2. A health care provider shall use droplet precautions with a mumps case for nine days after the onset of glandular swelling.
3. A local health agency shall conduct an epidemiologic investigation of each reported mumps case or suspect case. For each mumps case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Mumps Surveillance Worksheet" (May 1998), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to the "Mumps Surveillance Worksheet" provided by the Department.

B. Contact control measures: When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:

1. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
2. Comply with the local health agency's recommendations for exclusion.

Historical Note

Renumbered from R9-6-742 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-349 renumbered to R9-6-352; new Section R9-6-349 renumbered from R9-6-346 effective April 4, 1997 (Supp. 97-2). Former R9-6-349 renumbered to R9-6-357; new R9-6-349 renumbered from R9-6-341 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-350. Pediculosis (Lice Infestation)

Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a pediculosis case from the school or child care establishment until the case is treated with a pediculocide.
2. An administrator of a shelter shall ensure that a pediculosis case is treated with a pediculocide and that the case's clothing and personal articles are disinfested.

Historical Note

Renumbered from R9-6-743 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-350 renumbered to R9-6-353; new Section R9-6-350 renumbered from R9-6-347 effective April 4, 1997 (Supp. 97-2). Former R9-6-350 renumbered to R9-6-358; new R9-6-350 renumbered from R9-6-342 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-351. Pertussis (Whooping Cough)

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
   a. Exclude a pertussis case from the school or child care establishment for 21 days after the date of onset of cough or for five days after the date of initiation of antibiotic treatment for pertussis; and
   b. Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
2. An administrator of a health care institution, either personally or through a representative, shall:
   a. Exclude a pertussis case from working at the health care institution for 21 days after the date of onset of cough or for five days after the date of initiation of antibiotic treatment for pertussis; and
   b. Exclude a pertussis suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
3. A health care provider shall use droplet precautions for a pertussis case for five days after the date of initiation of antibiotic treatment for pertussis.
4. A local health agency shall conduct an epidemiologic investigation of each reported pertussis case or suspect case. For each pertussis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Pertussis Surveillance Worksheet" (November 1999), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to the "Pertussis Surveillance Worksheet" provided by the Department.

B. Contact control measures:

1. When a pertussis case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
   a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
   b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall identify close contacts of a pertussis case and, if indicated, shall provide or arrange for each close contact to receive antibiotic prophylaxis.

Historical Note

Renumbered from R9-6-744 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-351 renumbered to R9-6-354; new Section R9-6-351 renumbered from R9-6-348 effective April 4, 1997 (Supp. 97-2). Former R9-6-351 renumbered to R9-6-359; new R9-6-351 renumbered from R9-6-343 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-352. Plague

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic plague case with droplet precautions until 72 hours of antibiotic therapy have been completed with favorable clinical response.
2. An individual handling the body of a deceased plague case shall use droplet precautions.
3. A local health agency shall conduct an epidemiologic investigation of each reported plague case or suspect case. For each plague case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 56.37, "Plague Case Investigation Report" (May 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Vector-Borne Infectious Diseases, P.O. Box 2087 (Foothills Campus), Fort Collins, CO 80522, including no future editions or amendments; or
   b. An electronic equivalent to Form CDC 56.37 provided by the Department.

B. Contact control measures: A local health agency shall provide follow-up to pneumonic plague contacts for seven days after last exposure to a pneumonic plague case.

Historical Note

Renumbered from R9-6-745 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-352

renumbered to R9-6-355; new Section R9-6-352 renumbered from R9-6-349 effective April 4, 1997 (Supp. 97-2). Former R9-6-352 renumbered to R9-6-360; new R9-6-352 renumbered from R9-6-344 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-353. Poliomyelitis

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case. For each poliomyelitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Suspected Polio Case Worksheet" (August 1998), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to the "Suspected Polio Case Worksheet" provided by the Department.

Historical Note

Renumbered from R9-6-746 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-353 renumbered to R9-6-356; new Section R9-6-353 renumbered from R9-6-350 effective April 4, 1997 (Supp. 97-2). Former R9-6-353 renumbered to R9-6-361; new R9-6-353 renumbered from R9-6-345 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-354. Psittacosis (Ornithosis)

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported psittacosis case or suspect case. For each psittacosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.2, "Psittacosis Case Surveillance Report" (March 1981), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.2 provided by the Department.

B. Environmental control measures: A local health agency shall ensure that bird populations infected with *Chlamydia psittaci* or *Chlamydophila psittaci* are treated or destroyed and that any contaminated structures are disinfected.

Historical Note

Renumbered from R9-6-748 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-354 renumbered to R9-6-357; new Section R9-6-354 renumbered from R9-6-351 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-354 renumbered to R9-6-362; new R9-6-354 renumbered from R9-6-346 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-355. Q Fever

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Q fever case or suspect case. For each Q fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Q Fever Case Report" (March 2002), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 55.1 provided by the Department.

Historical Note

Renumbered from R9-6-749 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-355 renumbered to R9-6-358; new Section R9-6-355 renumbered from R9-6-352 effective April 4, 1997 (Supp. 97-2). Former R9-6-355 renumbered to R9-6-363; new R9-6-355 renumbered from R9-6-347 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-356. Rabies in a Human

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported human rabies case or suspect case.

B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a human rabies case and, if indicated, provide or arrange for each contact to receive prophylaxis.

Historical Note

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-750 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-356 renumbered to R9-6-360; new Section R9-6-356 renumbered from R9-6-353 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-356 renumbered to R9-6-365; new R9-6-356 renumbered from R9-6-348 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-357. Relapsing Fever (Borreliosis)

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported borreliosis case or suspect case.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-357 renumbered to R9-6-361; new Section R9-6-357 renumbered from R9-6-354 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-357 repealed; new R9-6-357 renumbered from R9-6-349 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-358. Reye Syndrome

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Reye syndrome case or suspect case. For each Reye syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.8, "CDC Reye Syndrome Case Investigation Report" (March 1985), which is incorporated by reference, on file

with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or

2. An electronic equivalent to Form CDC 55.8 provided by the Department.

Historical Note

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-751 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-358 renumbered to R9-6-362; new Section R9-6-358 renumbered from R9-6-355 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-358 renumbered to R9-6-367; new R9-6-358 renumbered from R9-6-350 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-359. Rocky Mountain Spotted Fever

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Rocky Mountain spotted fever case or suspect case. For each Rocky Mountain spotted fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference in R9-6-324; or
2. An electronic equivalent to Form CDC 55.1 provided by the Department.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-752 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-359 renumbered to R9-6-363; new Section R9-6-359 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-359 repealed; new R9-6-359 renumbered from R9-6-351 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-360. Rubella (German Measles)

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a rubella case from the school or child care establishment from the onset of illness through the seventh day after the rash appears.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a rubella case through the seventh day after the rash appears.
3. A local health agency shall conduct an epidemiologic investigation of each reported rubella case or suspect case. For each rubella case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Rubella Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to the "Rubella Surveillance Worksheet" provided by the Department.

B. Contact control measures:

1. A paid or volunteer full- or part-time worker at a health care institution shall not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:
   a. A record of immunization against rubella given on or after the first birthday, or
   b. A statement signed by a physician, state health officer, or local health officer affirming serologic evidence of immunity to rubella.
2. When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
   a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
   b. Comply with the local health agency's recommendations for exclusion.

Historical Note

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-753 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-360 renumbered to R9-6-364; new Section R9-6-360 renumbered from R9-6-356 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-360 renumbered to R9-6-368; new R9-6-360 renumbered from R9-6-352 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-361. Rubella Syndrome, Congenital

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until a negative virus culture is obtained.
2. A local health agency shall conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case. For each congenital rubella syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 71.17, "Congenital Rubella Syndrome Case Report" (March 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to Form CDC 71.17 provided by the Department.

B. Contact control measures:

A paid or volunteer full- or part-time worker at a health care institution who is known to be pregnant shall not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-360(B)(1).

Historical Note
Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-754 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-361 renumbered to R9-6-365; new Section R9-6-361 renumbered from R9-6-357 effective April 4, 1997 (Supp. 97-2). Former R9-6-361 renumbered to R9-6-369; new R9-6-361 renumbered from R9-6-353 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-362. Salmonellosis

A. Case control measures:
1. A local health agency shall exclude a salmonellosis case with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:
   a. Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or
   b. Diarrhea has resolved.
2. A local health agency shall conduct an epidemiologic investigation of each reported salmonellosis case or suspect case. For each salmonellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-L or an electronic equivalent to Exhibit III-L provided by the Department.

B. Contact control measures: A local health agency shall exclude a salmonellosis contact with diarrhea from working as a food handler until either of the following occurs:
1. Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or
2. Diarrhea has resolved.

Historical Note
Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-755 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-362 renumbered to R9-6-366; new Section R9-6-362 renumbered from R9-6-358 effective April 4, 1997 (Supp. 97-2). Former R9-6-362 renumbered to R9-6-370; new R9-6-362 renumbered from R9-6-354 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-363. Scabies

A. Case control measures:
1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a scabies case from the school or child care establishment until treatment for scabies is completed.
2. An administrator of a health care institution or shelter, either personally or through a representative, shall exclude a scabies case from participating in the direct care of a patient or resident until treatment for scabies is completed.
3. An administrator of a shelter, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.

B. Contact control measures: An administrator of a school, child care establishment, health care institution, or shelter, either personally or through a representative, shall advise a scabies contact with symptoms of scabies to obtain examination and, if necessary, treatment.

C. Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported scabies outbreak;
2. Provide education and consultation regarding prevention, control, and treatment of scabies to individuals affected by the outbreak; and
3. When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak.

Historical Note
Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-756 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-363 renumbered to R9-6-367; new Section R9-6-363 renumbered from R9-6-359 effective April 4, 1997 (Supp. 97-2). Former R9-6-363 renumbered to R9-6-371; new R9-6-363 renumbered from R9-6-355 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-364. Severe Acute Respiratory Syndrome

A. Case control measures:
1. A local health agency, in consultation with the Department, shall isolate a severe acute respiratory syndrome case or suspect case as necessary to prevent transmission.
2. A local health agency shall conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case.

B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine a severe acute respiratory syndrome contact as necessary to prevent transmission.

Historical Note
Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-757 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-364 renumbered to R9-6-368; new Section R9-6-364 renumbered from R9-6-360 effective April 4, 1997 (Supp. 97-2). Former R9-6-364 renumbered to R9-6-372; new R9-6-364 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-365. Shigellosis

A. Case control measures:
1. A local health agency shall exclude a shigellosis case with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:
   a. Two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
   b. Treatment is maintained for 24 hours and diarrhea has resolved.

2. A local health agency shall conduct an epidemiologic investigation of each reported shigellosis case or suspect case. For each shigellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-M or an electronic equivalent to Exhibit III-M provided by the Department.

B. Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart. If a culture is positive for *Shigella* spp., a local health agency shall reclassify a contact as a case.

Historical Note
Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-758 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-365 renumbered to R9-6-372; new Section R9-6-365 renumbered from R9-6-361 effective April 4, 1997 (Supp. 97-2). Former R9-6-365 renumbered to R9-6-373; new R9-6-365 renumbered from R9-6-356 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-366. Smallpox

A. Case control measures:
1. A local health agency, in consultation with the Department, shall isolate a smallpox case or suspect case as necessary to prevent transmission.
2. A local health agency, in consultation with the Department, shall conduct an epidemiologic investigation of each reported smallpox case or suspect case.

B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine a smallpox contact as necessary to prevent transmission and shall monitor the contact for smallpox symptoms, including fever, each day for 21 days after last exposure.

Historical Note
Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-759 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-366 renumbered to R9-6-374; new Section R9-6-366 renumbered from R9-6-362 effective April 4, 1997 (Supp. 97-2). Former R9-6-366 renumbered to R9-6-374; new R9-6-366 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-367. Streptococcal Group A Infection

A. Non-invasive streptococcal group A infection:
Case control measures: An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from working as a food handler, attending school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal infection.

B. Invasive streptococcal group A infection:
Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection.

Historical Note
Section R9-6-367 renumbered from R9-6-363 effective April 4, 1997 (Supp. 97-2). Former R9-6-367 renumbered to R9-6-375; new R9-6-367 renumbered from R9-6-358 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-368. Syphilis

A. Case control measures:
1. A syphilis case shall obtain serologic testing for syphilis three months and six months after initiating treatment.
2. A local health agency shall conduct an epidemiologic investigation of each reported syphilis case or suspect case, confirming the stage of the disease.
3. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

B. Contact control measures: When a syphilis case has named an identified individual, a local health agency shall:
1. Notify the identified individual of syphilis exposure;
2. Offer or arrange for the identified individual to receive serologic testing and treatment for syphilis; and
3. Counsel the identified individual about the following:
   a. The characteristics of syphilis,
   b. The syndromes caused by syphilis,
   c. Measures to reduce the likelihood of transmitting syphilis to another, and
   d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.

Historical Note
Section R9-6-368 renumbered from R9-6-364 effective April 4, 1997 (Supp. 97-2). Former R9-6-368 renumbered to R9-6-376; new R9-6-368 renumbered from R9-6-360 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-369. Taeniasis

Case control measures: A local health agency shall exclude a taeniasis case with *Taenia solium* from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until free of infestation.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-369 renumbered to R9-6-379; new R9-6-369 renumbered from R9-6-361 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-370. Tetanus

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported tetanus case or suspect case. For each tetanus case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Tetanus Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or

2. An electronic equivalent to the "Tetanus Surveillance Worksheet" provided by the Department.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-370 renumbered to R9-6-380; new R9-6-370 renumbered from R9-6-362 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-371. Toxic Shock Syndrome
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported toxic shock syndrome case or suspect case. For each toxic shock syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.3, "Toxic-Shock Syndrome Case Report" (April 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.3 provided by the Department.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-371 renumbered to R9-6-381; new R9-6-371 renumbered from R9-6-363 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-372. Trichinosis
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported trichinosis case or suspect case. For each trichinosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.7, "Trichinosis Surveillance Case Report" (February 1990), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 54.7 provided by the Department.

Historical Note
Section R9-6-372 renumbered from R9-6-365 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-372 renumbered to R9-6-382; new R9-6-372 renumbered from R9-6-364 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-373. Tuberculosis

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall place an individual with infectious active tuberculosis or a suspect case in airborne infection isolation until:
   a. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning, are negative for acid-fast bacilli;
   b. Anti-tuberculosis treatment is initiated; and
   c. Clinical signs and symptoms of active tuberculosis are improved.
2. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
3. A local health agency shall exclude an individual with infectious active tuberculosis or a suspect case from working until:
   a. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning, are negative for acid-fast bacilli;
   b. Anti-tuberculosis treatment is initiated; and
   c. Clinical signs and symptoms of active tuberculosis are improved.
4. A local health agency shall conduct an epidemiologic investigation of each reported tuberculosis case or suspect case. For each tuberculosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. One of the following:
      i. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of TB Elimination, 1600 Clifton Rd., NE, Mailstop E-10, Atlanta, GA 30333, including no future editions or amendments; or
      ii. An electronic equivalent to Form CDC 72.9A and B provided by the Department; and
   b. Exhibit III-N or an electronic equivalent to Exhibit III-N provided by the Department.

B. Contact control measures:

1. Except as provided in subsection (B)(7), for each individual with infectious active tuberculosis, a local health agency shall identify contacts and provide or arrange for evaluation of each contact's tuberculosis status. A local health agency shall conduct the initial contact investigation interview within three working days after receiving a tuberculosis case report.
2. An individual who has been exposed to an individual with infectious active tuberculosis shall allow a local health agency to evaluate the individual's tuberculosis status.
3. A local health agency shall exclude a tuberculosis contact with symptoms suggestive of tuberculosis from working until the contact has been evaluated by a physician, physician assistant, or registered nurse practitioner and determined by the physician, physician assistant, or registered nurse practitioner not to be an individual with infectious active tuberculosis.
4. Except as provided in subsection (B)(5), a local health agency shall arrange for a tuberculosis contact to have an approved test for tuberculosis.
5. If a tuberculosis contact is known to have had a prior positive result on an approved test for tuberculosis, post-exposure testing is not required. A local health agency shall question the contact about symptoms of active

tuberculosis and, if the contact has symptoms of active tuberculosis, provide or arrange for the contact to receive a chest x-ray.

6. If a tuberculosis contact tests negative for tuberculosis, a local health agency shall arrange for reevaluation three months after the contact's last exposure to an individual with infectious active tuberculosis.
7. For exposures to an individual with infectious active tuberculosis occurring in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, in consultation with a local health agency, shall have the primary responsibility for identifying and evaluating tuberculosis contacts.
8. A health care provider or an administrator of a health care institution or correctional facility that has identified and evaluated tuberculosis contacts shall release information gathered regarding the contacts, including personal identifying information, to a local health agency or to the Department upon request.

C. An individual is not a tuberculosis case if the individual has a positive result from an approved test for tuberculosis but does not have clinical signs or symptoms of disease.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-373 renumbered to R9-6-383; new R9-6-373 renumbered from R9-6-365 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-374. Tularemia

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case with droplet precautions until 48 hours of antibiotic therapy have been completed with favorable clinical response.
2. A local health agency shall conduct an epidemiologic investigation of each reported tularemia case or suspect case.

Historical Note
Section R9-6-374 renumbered from R9-6-366 effective April 4, 1997 (Supp. 97-2). Former R9-6-374 renumbered to R9-6-386; new R9-6-374 renumbered from R9-6-366 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-375. Typhoid Fever

A. Case control measures:

1. A local health agency shall exclude a typhoid fever case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until at least one month after the date of onset of illness and three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy. If a culture is positive for *Salmonella typhi*, a local health agency shall enforce the exclusions until three successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness. If a positive culture is obtained on a stool specimen collected at least 12 months after onset, a local health agency shall redesignate a case as a carrier.
2. A local health agency shall exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.
3. A local health agency shall conduct an epidemiologic investigation of each reported typhoid fever case or suspect case. For each typhoid fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
   a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.5, "Typhoid Fever Surveillance Report" (June 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
   b. An electronic equivalent to Form CDC 52.5 provided by the Department.

B. Contact control measures: A local health agency shall exclude a typhoid fever contact from working as a food handler or caring for children in a child care establishment until two successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least 24 hours apart. If a culture is positive for *Salmonella typhi*, a local health agency shall redesignate a contact as a case.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-375 renumbered to R9-6-387; new R9-6-375 renumbered from R9-6-367 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-376. Typhus Fever

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported typhus fever case or suspect case.

Historical Note
Section renumbered from R9-6-368 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-377. Unexplained Death with a History of Fever

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported case or suspect case of unexplained death with a history of fever.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-378. Vaccinia-Related Adverse Event

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event. For each vaccinia-related adverse event case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. One of the following:
   a. A Food and Drug Administration, U.S. Department of Health and Human Services, Form VAERS-1, "Vaccine Adverse Event Reporting System" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available

from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or
b. An electronic equivalent to Form VAERS-1 provided by the Department;
2. One of the following:
a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or
b. An electronic equivalent to the "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" provided by the Department; and
3. One of the following:
a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine VAERS Report Follow-up Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100; or
b. An electronic equivalent to the "Smallpox Vaccine VAERS Report Follow-up Worksheet" provided by the Department.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-379. Vancomycin-Resistant *Enterococcus* spp.
Case control measures: A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case of vancomycin-resistant *Enterococcus* spp.

Historical Note
Section renumbered from R9-6-369 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-380. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus*
Case control measures:
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*.
2. A local health agency, in consultation with the Department, shall isolate a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* as necessary to prevent transmission.

Historical Note
Section renumbered from R9-6-370 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-381. Vancomycin-Resistant *Staphylococcus epidermidis*
Case control measures: A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.

Historical Note
Section renumbered from R9-6-371 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-382. Varicella (Chickenpox)
A. Case control measures:
1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a varicella case from the school or child care establishment until lesions are dry and crusted.
2. An administrator of a health care institution, either personally or through a representative, shall place a varicella case in airborne infection isolation until the case is no longer infectious.

B. Contact control measures: When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
1. Consult with a local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
2. Comply with the local health agency's recommendations for exclusion.

Historical Note
Section renumbered from R9-6-372 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-383. *Vibrio* Infection
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case. For each case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000), which is incorporated by reference in R9-6-313; or
2. An electronic equivalent to Form CDC 52.79 provided by the Department.

Historical Note
Section renumbered from R9-6-373 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-384. Viral Hemorrhagic Fever
A. Case control measures:
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.
2. A local health agency shall conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case.

B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-385. West Nile Virus Fever or West Nile Encephalitis
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported West Nile virus fever or

West Nile encephalitis case or suspect case. For each West Nile encephalitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-D or an electronic equivalent to Exhibit III-D provided by the Department.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-386. Yellow Fever
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported yellow fever case or suspect case.

Historical Note
Section renumbered from R9-6-374 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-387. Yersiniosis
Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported yersiniosis case or suspect case. For each yersiniosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-L or an electronic equivalent to Exhibit III-L provided by the Department.

Historical Note
Section renumbered from R9-6-375 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-388. Isolation and Quarantine

A. When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency shall issue a written order for isolation or quarantine and other control measures to each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian, except as provided in subsection (A)(3).
1. The written order shall specify:
   a. The isolation or quarantine and other control measure requirements being imposed, which may include requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;
   b. The identity of each individual or group of individuals subject to the order;
   c. The premises at which each individual or group of individuals is to be isolated or quarantined;
   d. The date and time at which isolation or quarantine and other control measure requirements begin; and
   e. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts.
2. The written order may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment.
3. If an order applies to a group of individuals, and it would be impractical to provide a copy to each individual, the local health agency may post the order in a conspicuous place at the premises at which the individuals are to be isolated or quarantined.

B. Within 10 days after issuing a written order described in subsection (A), if a local health agency determines that isolation or quarantine and other control measure requirements need to continue for more than 10 days after the date of the order, the local health agency shall file a petition for a court order authorizing the continuation of isolation or quarantine and other control measure requirements pertaining to an individual or group of individuals. The petition shall:
1. Include the following:
   a. The isolation or quarantine and other control measure requirements being imposed, which may include requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
   b. The identity of each individual or group of individuals subject to isolation or quarantine and other control measure requirements;
   c. The premises at which each individual or group of individuals is isolated or quarantined;
   d. The date and time at which isolation or quarantine and other control measure requirements began; and
   e. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
2. Be accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

C. A local health agency that files a petition for a court order under subsection (B) shall provide notice to each individual or group of individuals identified in the petition according to the Arizona Rules of Civil Procedure, except that notice shall be provided within 24 hours after the petition is filed.

D. In the event of noncompliance with a written order issued under subsection (A), a local health agency may contact law enforcement to request assistance in enforcing the order.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-A

Patient Name: _____ County: _____

Campylobacter Investigation Form
Arizona Department of Health Services

Symptomatology
1. Which of the following symptoms did you have?

>3 loose stools	□Yes	□No	Fever	□Yes	□No
# days (>3 loose stools) _____			highest temperature _____ date _____		
# episodes in 24 hours _____			Chills	□Yes	□No
Blood in stools	□Yes	□No	Headache	□Yes	□No
Abdominal cramps	□Yes	□No	Muscle aches	□Yes	□No
Nausea	□Yes	□No	Fatigue	□Yes	□No
Vomiting	□Yes	□No	Other: _____		

2. When did your symptoms start? Date_____ Time _____ a.m. p.m.
3. What date did the diarrhea start? Date_____ Time_____ a.m. p.m.
4. Were you hospitalized? □ Yes □ No Adm Date _____ # days _____
5. How long did your illness last? _____# of days to full recovery

Occupation
6. Work at or attend child care? □ Yes □ No
7. Food handler (work or volunteer)? □ Yes □ No
   Household member is a food handler? □ Yes □ No
8. Provide patient care? □ Yes □ No

Food Habits
9. Are you a vegetarian? □ Yes □ No
Type _____

Medical History

10. Have existing chronic medical problem(s) or any medical condition(s)? □Yes □No
Describe _____
_____

Within the last month:
11. Antibiotics □Yes □No

Name	dosage, # of days
_____	_____
_____	_____
_____	_____

12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? □Yes □ No

Risk factors:
In the 7 days prior to your illness, were you exposed to any of the following:
13. Contact with :
Farm animals □ Yes □No
Petting zoo animal □ Yes □No
Pets □ Yes □No
What kind of animal(s) _____
When?_____Where? _____
Were any ill? □ Yes □No

14. Any travel? □ Yes □No
Where?
_____
From? __/__/__ to __/__/__
Airline?_____ Flight No. _____
Foods eaten on:
outbound flight _____
return flight _____

15. Contact to someone with diarrhea?
□ Yes □ No
Name & relationship? _____
When? _____

16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? □ Yes □No
When? __/__/__ Where?
_____
When? __/__/__ Where?
_____

17. Get your face wet in the ocean, a lake, pool or river? □ Yes □No
Where?_____

Patient Name: _____ County: _____

ADHS Campylobacter Investigation Form Page two

Food History

During the 7 days prior to your illness give the day and date to orient the patient :

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? if restaurant, list location
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

19. Fresh (not pasteurized) eggs? □Yes □No
Runny yolk? □Yes □No
Where? _____

20. Poultry (chicken, turkey, etc)? □Yes □No
Brand/Where bought? _____

21. Raw (unpasteurized) milk or dairy product?
□ Yes □ No
Brand/Where bought? _____

22. Untreated or raw water? □ Yes □ No
Where? _____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: _____ Date:_____

Send or Fax to: ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3676
(602) 364-3199 Fax

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-B

Arizona Department of Health Services **State ID:**
Fax completed form to:
Infectious Disease Epidemiology Section
(602) 364-3199
CRYPTOSPORIDIOSIS INVESTIGATION FORM

Patient's Name _____ _____
Last **First**

Length of symptoms: ____ days

RISK INFORMATION

In the last 12 days before onset of symptoms, has the patient...

Y N Unk Attended or worked in a day care
Location: _____
Y N Unk Contact to a cyptosporidiosis case
Y N Unk Contact to farm animals
Y N Unk Drank unpasteurized milk/dairy products
Y N Unk Drank unpasteurized fruit cider/juice
Y N Unk Drank unpotable water: Source: _____
Y N Unk Swimming, wading, or other recreational water contact
Location: _____ Date: ____/____/____
Y N Unk Food handler;
Location: _____
Y N Unk Immunosuppressed;

2. Are there other symptomatic contacts?

Y N Unk in the Household: Number ____
Y N Unk in the Day care; Number ____
Y N Unk at Work Number ____

symptomatic contacts:	O & P taken
1. _____	Y N Unk
2. _____	Y N Unk
3. _____	Y N Unk
4. _____	Y N Unk
5. _____	Y N Unk
6. _____	Y N Unk

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-C

[For State Use Only]
ID _____
EFORS _____

SUSPECTED VIRAL GASTROENTERITIS OUTBREAK FORM

Infectious Disease Epidemiology Section
Arizona Department of Health Services
150 N 18th Ave, Suite 140
Phoenix, AZ 85007-3237

Telephone (602) 364-3676
Facsimile (602) 364-3199

General Information Date ____/____/____ (mm dd yy)

Primary contact person for epidemiologic investigation _____

Address _____ Telephone _____

_____ Facsimile _____

_____ Email _____

Outbreak Information

Date of first case ____/____/____ (mm dd yy) Date health department notified ____/____/____ (mm dd yy)

Date of last case ____/____/____ (mm dd yy) Outbreak ongoing? Yes No

Location(s) of outbreak City _____ County _____

City _____ County _____

Institution or event (if applicable) _____ Date of event ____/____/____ (mm dd yy)
[e.g., nursing home, restaurant, bus tour, wedding, catered meal]

Institution or event contact person _____ Telephone _____

Illness Characteristics

Number of persons ill _____ Duration of illness (mean/median/range) _____

Number of persons susceptible _____ Incubation of illness (mean/median/range) _____

Predominant symptoms (frequencies if available)

_____

_____

_____

Number of persons who sought medical care _____ Number of persons admitted to a hospital _____
(e.g., emergency room, doctor=s office, medical clinic)

Suspected source(s) of exposure _____
e.g., water, specific food(s), ice, person, object]

Specimen Collection

Contact person for specimen collection and handling _____

Telephone _____ Facsimile _____

Number of **stool** specimens collected _____ Number of **vomitus** specimens collected _____

Tested for bacteria? Yes No Results (if known) _____

Tested for ova and parasites? Yes No Results (if known) _____

Stool and vomitus specimens collected from ill persons should be stored in watertight containers (e.g., urine specimen cups) and refrigerated (not frozen), and shipped on ice, accompanied by CDC form 50.34.

Date specimens shipped to CDC ____/____/____ (mm dd yy) Specimen type _____

Date specimens shipped to CDC ____/____/____ (mm dd yy) Specimen type _____

Date specimens shipped to CDC ____/____/____ (mm dd yy) Specimen type _____

Comments:

THANK YOU

Revised 8/03

MMWR, Vol. 50, No. RR-9, Page 11

RECOMMENDATIONS REGARDING SPECIMEN COLLECTION FOR DIAGNOSIS OF NLVs*

Clinical Specimens

Stool

Timing. Specimen collection for viral testing should begin on day 1 of the epidemiologic investigation. Any delays to await testing results for bacterial or parasitic agents could preclude establishing a viral diagnosis. Ideally, specimens should be obtained during the acute phase of illness (i.e., within 48--72 hours after onset) while the stools are still liquid or semisolid because the level of viral excretion is greatest then. With the development of sensitive molecular assays, the ability to detect viruses in specimens collected later in the illness has been improved. In specific cases, specimens might be collected later during the illness (i.e., 7--10 days after onset), if the testing is necessary for either determining the etiology of the outbreak or for epidemiologic purposes (e.g., a specimen obtained from an ill foodhandler who might be the source of infection). If specimens are collected late in the illness, the utility of viral diagnosis and interpretation of the results should be discussed with laboratory personnel before tests are conducted.

Number and Quantity. Ideally, specimens from ≥10 ill persons should be obtained during the acute phase of illness. Bulk samples (i.e., 10--50 ml of stool placed in a stool cup or urine container) are preferred, as are acute diarrhea specimens that are loose enough to assume the shape of their containers. Serial specimens from persons with acute, frequent, high-volume diarrhea are useful as reference material for the development of assays. The smaller the specimen and the more formed the stool, the lower the diagnostic yield. Rectal swabs are of limited or no value because they contain insufficient quantity of nucleic acid for amplification.

Storage and Transport. Because freezing can destroy the characteristic viral morphology that permits a diagnosis by EM, specimens should be kept refrigerated at 4 C. At this temperature, specimens can be stored without compromising diagnostic yield for 2--3 weeks, during which time testing for other pathogens can be completed. If the specimens have to be transported to a laboratory for testing, they should be bagged and sealed and kept on ice or frozen refrigerant packs in an insulated, waterproof container. If facilities for testing specimens within 2--3 weeks are not available, specimens can be frozen for antigen or PCR testing.

Vomitus

Vomiting is the predominant symptom among children, and specimens of vomitus can be collected to supplement the diagnostic yield from stool specimens during an investigation. Recommendations for collection, storage, and shipment of vomitus specimens are the same as those for stool specimens.

Serum

Timing. If feasible, acute- and convalescent-phase serum specimens should be obtained to test for a diagnostic ≥4-fold rise in IgG titer to NLVs. Acute-phase specimens should be obtained during the first 5 days of symptoms, and the convalescent-phase specimen should be collected from the third to sixth week after resolution of symptoms.

Number and Quantity. Ideally, 10 pairs of specimens from ill persons (i.e., the same persons submitting stool specimens) and 10 pairs from well persons (controls) should be obtained. Adults should provide 5--7 ml of blood, and children should provide 3--4 ml.

Storage. Specimens should be collected in tubes containing no anticoagulant, and the sera should be spun off and frozen. If a centrifuge is not available, a clot should be allowed to form, and the serum should be decanted and frozen. If this step cannot be accomplished, the whole blood should be refrigerated but not frozen.

Environmental Specimens

NLVs cannot be detected routinely in water, food, or environmental specimens. Nevertheless, during recent outbreaks (*33--36*), NLVs have been detected successfully in vehicles epidemiologically implicated as the source of infection. If a food or water item is strongly suspected as the source of an outbreak, then a sample should be obtained as early as possible and stored at 4 C. If the epidemiologic investigation confirms the link, a laboratory with the capacity to test these specimens should be contacted for further testing. If drinking water is suspected, special filtration (*45*) of large volumes (i.e., 5--100 liters) of water can concentrate virus to facilitate its detection.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-D

Arboviral Case Investigation Form

County/IHS ID number:

State ID Number

Patient's name (Last) (First) (Middle Initial)

Diagnosis at presentation:

- ☐ Uncomplicated Fever
- ☐ Meningitis
- ☐ Encephalitis
- ☐ Asymptomatic
- ☐ Viremic Blood Donor
- ☐ Other:_____

Patient hospitalized?

- ☐ Yes, Admit date: ___/___/____
- ☐ No

Is patient breastfeeding a child?

- ☐ Yes
- ☐ No

Is patient a breastfed child?

- ☐ Yes
- ☐ No

Past medical history:

- ☐ Cancer
- ☐ Diabetes: type: _____
- ☐ Viral Hepatitis
- ☐ Heart Disease
- ☐ Hypertension
- ☐ Immunosuppressive Condition
- ☐ Pulmonary Disease
- ☐ Mosquito-borne illness: Dengue, Yellow fever, Japanese encephalitis, WNV, SLE, flavivirus

Symptoms (Check all that apply – circle primary symptom):

- ☐ Headache
- ☐ Fever (> 38ºC or 100ºF)

Max. temp. :_____

- ☐ Neck pain/stiffness
- ☐ Arthralgia or Myalgia
- ☐ Photophobia
- ☐ Rash
- ☐ Seizure
- ☐ Lymphadenopathy
- ☐ Tremors
- ☐ Extreme fatigue
- ☐ Nausea/vomiting/diarrhea
- ☐ Shortness of breath
- ☐ Flaccid paralysis
- ☐ Spastic paralysis
- ☐ Profound muscle weakness
- ☐ Altered mental status
- ☐ Unconsciousness
- ☐ Other – *specify*: _____

_____

_____

Risk factor assessment:

Within 14 days of onset of symptoms, did the patient…

1) have known mosquito exposure? ☐ Yes ☐ No

Date: ____/____/_____ Location:_____

Date: ____/____/_____ Location:_____

2) travel outside county of residence? ☐ Yes ☐ No

Dates From:____/____/_____ To: ____/____/_____

Location: _____

Dates From:____/____/_____ To: ____/____/_____

Location: _____

3) travel outside Arizona? ☐ Yes ☐ No

Dates From:____/____/_____ To: ____/____/_____

Location: _____

Dates From:____/____/_____ To: ____/____/_____

Location: _____

4) travel outside US ? ☐ Yes ☐ No

Dates From:____/____/_____ To: ____/____/_____

Location: _____

Dates From:____/____/_____ To: ____/____/_____

Location: _____

5) donate blood? ☐ Yes ☐ No

Date: ____/____/_____

6) donate an organ or tissue? ☐ Yes ☐ No

Date: ____/____/_____

In the 30 days prior to onset of symptoms:

7) did the patient receive blood or blood product? ☐ Yes ☐ No

8) did the patient receive an organ or tissue transplant? ☐ Yes ☐ No

Vaccination history:

- ☐ Yellow fever Date: ____/____/____
- ☐ Japanese encephalitis Date: ____/____/____
- ☐ Tick-borne encephalitis Date: ____/____/____

Contact or person providing patient information, if other than patient:

Name:_____ **Telephone:**_____ **Relationship:**_____

Please FAX above information as soon as completed to: ADHS VBZD Section – 602-364-3199 or 602-364-3198

Acquired:

- *in utero*? ☐ Yes ☐ No
- in a laboratory? ☐ Yes ☐ No
- occupationally (non lab)? ☐ Yes ☐ No

Length of Illness: _____ days Date of discharge , if hospitalized: ____/____/_____

Outcome:

- ☐ Died Date: ____/___/_____
- ☐ Full Recovery
- ☐ Recovery with sequelae (describe):_____

_____

Treatment (check all that apply):

- ☐ Immunoglobulin
- ☐ Antiviral
- ☐ Interferon
- ☐ Supportive care only
- ☐ None

Case Classification:

- ☐ Confirmed case
- ☐ Probable case
- ☐ Suspect
- ☐ Ruled out/ Non case

Case acquisition:

- ☐ Out of county
- ☐ Out of state
- ☐ Out of US
- ☐ Unknown

Investigator: _____ **Date initiated** ____/____/_____ **Date completed:** ____/____/_____

ADHS ARBOCIF 4/2004

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-E

***E. coli* O157:H7 Investigation Form**
Arizona Department of Health Services

State I.D. Number:_____

****Please attach Communicable Disease Report (CDR) to this form****

Reporting State: _____ County:_____

I. DEMOGRAPHIC INFORMATION

1. Name-Last First

2. Date of Birth: ____/____/____ or Age: _____ years _____ months
mo day yr

II. ISOLATE INFORMATION

3. Source of Specimen: ☐1 Stool (whole, stool swab, rectal swab)
☐2 Other (specify): _____
☐3 Not Isolated
☐4 Unknown

4. Date of Specimen Collection: _____/_____/_____
mo day yr

5. Was identification of the O157 serogroup confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control?
☐Yes 1 ☐No 2 ☐Unknown 3

6. Was identification of the H7 serotype confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control?
☐Yes 1 ☐No 2 ☐Unknown 3

7. Was Shiga-like toxin production confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control?
☐Yes 1 ☐No 2 ☐Unknown 3

8. This case reported by:
☐1 Hospital lab ☐6 State Lab
☐2 Other lab ☐7 Other (specify): _____
☐3 Physician
☐4 Infection Control Practitioner
☐5 School

Reporting laboratorian's name: _____

Telephone: ( ) _____ - _____

Physician's name: _____

Telephone: ( ) _____ - _____

III. CLINICAL INFORMATION

9. Date of Illness Onset: _____/_____/_____ ☐Unknown
mo day yr

10. Did the patient have: (please check one answer for each question)

	Yes 1	No 2	Unknown 3
Diarrhea	☐	☐	☐
Vomiting	☐	☐	☐
Visible blood in stools	☐	☐	☐
Fever (or felt feverish)	☐	☐	☐
Abdominal cramps	☐	☐	☐

11. Was the patient admitted overnight to a hospital for this illness?
☐Yes 1 ☐No 2 ☐Unknown 3
if yes, name of hospital:

12. Was the patient treated with antibiotics?
☐Yes 1 ☐No 2 ☐Unknown 3
if yes, name and dose: _____

13. Did the patient: (please check one answer for each question)

	Yes 1	No 2	Unknown 3
have Hemolytic Uremic Syndrome? (i.e. hemolytic anemia, low platelet count, kidney impairment):	☐	☐	☐
have Thrombotic Thrombocytopenic Purpura? (i.e. hemolytic anemia, low platelet count, kidney impairment, central nervous system involvement, fever):	☐	☐	☐
undergo dialysis?	☐	☐	☐
have surgery?	☐	☐	☐
die?	☐	☐	☐

IV. PUBLIC HEALTH INFORMATION

14. Does the patient attend or work in:

	Yes 1	No 2	Unknown 3
a child day care center?	☐	☐	☐
an institution?	☐	☐	☐

if yes, where: _____

15. Is the patient usually employed as:

	Yes 1	No 2	Unknown 3
a health care worker?	☐	☐	☐
a food handler?	☐	☐	☐

if yes, where: _____

V. DATA COLLECTOR INFORMATION

Person Completing This Form: Agency: Phone Number: ( ) _____ - _____ Date: _____/_____/_____
mo day yr

***Note: If patient was hospitalized, please attach copy of discharge summary if possible.**

VI. EPIDEMIOLOGIC INFORMATION

16. In the 7 days before the illness began, did the patient eat at:

	Yes 1	No 2	Unknown 3
a fast food restaurant?	☐	☐	☐
another restaurant?	☐	☐	☐

if yes, name and location of restaurant(s)

_____
_____
_____
_____
_____
_____
_____

17. In the 7 days before the illness began, did the patient eat or drink any of the following items at home, in a restaurant, or in any other place?

	Yes 1	No 2	Unknown 3
raw (unpasteurized) milk	☐	☐	☐
other dairy products made from raw (unpasteurized) milk	☐	☐	☐
well water	☐	☐	☐
other unchlorinated water	☐	☐	☐
apple cider	☐	☐	☐
any ground beef or hamburger	☐	☐	☐
pink or red ground beef or hamburger	☐	☐	☐
any steak or roast beef	☐	☐	☐
pink or red steak or roast beef	☐☐	☐	

if yes, please list brand names and location where purchased:

_____
_____
_____
_____

22. In the 7 days before the illness began, did the patient:

	Yes 1	No 2	Unknown 3
visit or live on a farm?	☐	☐	☐
have contact with any cows or cattle?	☐	☐	☐
touch any cow manure?	☐	☐	☐
have contact with any children who attend a day care center?	☐	☐	☐
change any diapers?	☐	☐	☐
have contact with any children who use diapers?	☐	☐	☐
go swimming?	☐	☐	☐

if yes, where? _____

travel to another state? ☐ Yes 1 ☐ No 2 ☐ Unknown 3

if yes, where? _____

travel to another country? ☐ Yes 1 ☐ No 2 ☐ Unknown 3

if yes, where? _____

From? ____/____/____ to ____/____/____

23. Did anyone else in the patient's home have diarrhea in the 7 days before or after this patient's illness began?
☐Yes 1 ☐No 2 ☐Unknown 3

if yes, please obtain the following information on these people:

Name	Age	Sex	Bloody Stools? Yes 1	No 2	Unknown 3
_____	_____	_____	☐	☐	☐
_____	_____	_____	☐	☐	☐
_____	_____	_____	☐	☐	☐
_____	_____	_____	☐	☐	☐

24. Does the patient know anyone else who has had a similar illness in the past 3 weeks? ☐ Yes 1 ☐ No 2 ☐ Unknown 3

if yes, please obtain names and telephone numbers of persons with similar illnesses: _____
_____
_____

25. Did this case occur as part of an outbreak (two or more cases of *coli* O157:H7 infection associated by time and place?
☐ Yes 1 ☐ No 2 ☐ Unknown 3

if yes, please describe: _____
_____
_____

VII. COMMENTS

Page 2 of 2

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-F

Patient Name: _____ County: _____

Giardiasis Investigation Form
Arizona Department of Health Services

Symptomatology
1. Which of the following symptoms did you have?

>3 loose stools	□Yes	□No	Fever	□Yes	□No
# days (>3 loose stools) _____			highest temperature _____ date _____		
# episodes in 24 hours _____			Chills	□Yes	□No
Blood in stools	□Yes	□No	Headache	□Yes	□No
Pale/Greasy	□Yes	□No	Backache	□Yes	□No
Abdominal cramps	□Yes	□No	Muscle aches	□Yes	□No
Nausea	□Yes	□No	Fatigue	□Yes	□No
Vomiting	□Yes	□No	Other: _____		

2. When did your symptoms start? Date_____ Time _____ a.m. p.m.
3. What date did the diarrhea start? Date_____ Time_____ a.m. p.m.
4. Were you hospitalized? □ Yes □ No Adm Date _____ # days _____
5. How long did your illness last? _____# of days to full recovery

Occupation
6. Work at or attend child care? □ Yes □ No
7. Food handler (work or volunteer)? □ Yes □ No
   Household member is a food handler? □ Yes □ No
8. Provide patient care? □ Yes □ No

Food Habits
9. Are you a vegetarian? □ Yes □ No
Type _____

Medical History
10. Have existing chronic medical problem(s) or any medical condition(s)? □Yes □No
Describe _____
_____

Within the last month:
11. Antibiotics □Yes □No

Name	dosage, # of days
_____	_____
_____	_____
_____	_____

12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? □Yes □ No

Risk factors:
In the 7 days prior to your illness, were you exposed to any of the following:
13. Contact with :
Farm animals □ Yes □No
Petting zoo animal □ Yes □No
Pets (including hedgehogs) □ Yes □No
What kind of animal(s) _____
When?_____Where?_____
If the pet is a dog was it exposed to untreated water?
□ Yes □No
Were any pets ill with diarhea? □ Yes □No

14. Any travel? □ Yes □No
Where?
_____
From? __/__/__ to __/__/__
Airline?_____ Flight No. _____
Foods eaten on:
Outbound Flight_____
Return Flight_____

15. Contact to someone with diarrhea?
□ Yes □No
Name & relationship? _____
When? _____

16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? □ Yes □ No
When? __/__/__ Where? _____
When?__/__/__ Where? _____

17. Get your face wet in the a lake, river, pool or spa? □ Yes □No
Where?_____

Patient Name: _____ County: _____

ADHS Giardiasis Investigation Form Page two

Food History

During the 7 days prior to your illness give the day and date to orient the patient :

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? if restaurant, list location
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

19. Raw sprouts (alfalfa, clover)? □Yes □No
Brand/Where bought? _____

20. Raw (unpasteurized) milk or dairy product? □ Yes □No
Brand/Where bought? _____

21. Untreated or raw water? □ Yes □No
Where? _____

22. Use water from a well? □ Yes □ No

23. Is your water filtered? □ Yes □ No

24. Who supplies your water?_____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: _____ Date:_____

Send or Fax to: ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3676
(602) 364-3199 Fax

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-G **Arizona Department of Health Services** **State ID _____**
Bureau of Epidemiology and Disease Control

HEPATITIS A CASE REPORT

The following questions should be asked for every case of Hepatitis A

Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ Phone: ( ) - Zip Code: _____

SSN # (optional) _____-_____-_____

State: _____ County: _____ Date Reported to Health Department _____/_____ / _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):
☐ Amer Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Pacific Islander
☐ White ☐ Other Race, specify _____

ETHNICITY:
☐ Hispanic .....
☐ Non-hispanic ..
☐.....Other/Unknown

SEX: ☐ Male ☐ Female ☐ Unk

PLACE OF BIRTH: ☐ USA ☐ Other: _____

DATE OF BIRTH: _____/_____ / _____
AGE: _____ (years) (00= <1yr, 99= Unk)

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply)
☐ Symptoms of acute hepatitis
☐ Screening of asymptomatic patient with reported risk factors
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)
☐ Follow-up testing for previous marker of viral hepatitis
☐ Other: specify: _____
☐ Prenatal screening
☐ Blood / organ donor screening
☐ Evaluation of elevated liver enzymes
☐ Unknown

CLINICAL DATA:

Diagnosis Date: _____/_____ / _____

Is patient symptomatic? ☐ Yes ☐ No ☐ Unk
If yes, onset date: _____/_____ / _____

Did the patient have
Jaundice: ☐ Yes ☐ No ☐ Unk
Diarrhea: ☐ Yes ☐ No ☐ Unk

Hospitalized for Hepatitis? ☐ Yes ☐ No ☐ Unk

Did the patient die from Hepatitis?
☐ Yes ☐ No ☐ Unk
Date of death: : _____/_____ / _____

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk	Date
Total antibody to Hepatitis A (total anti-HAV)	☐	☐	☐	_____
IgM antibody to Hepatitis A virus (IgM anti-HAV)	☐	☐	☐	_____
Hepatitis B surface antigen (HBsAg)	☐	☐	☐	_____
IgM antibody to hepatitis B core antigen (IgM anti HBc)	☐	☐	☐	_____
Antibody to hepatitis E virus (anti-HEV)	☐	☐	☐	_____

VACCINATION HISTORY

Has the patient ever received the **hepatitis A vaccine**? Yes☐ No☐ Unk☐
If yes, how many doses? ☐1 ☐2
In what year was the last dose received? _____

Has the patient ever received **immune globulin**? Yes☐ No☐ Unk☐
If yes, when was the last dose received? _____/_____/_____

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

ALT (SGPT) Result _____ Upper limit normal _____
Date of ALT Result_____

AST (SGOT) Result _____ Upper limit normal _____
Date of AST Result _____

If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an **epidemiologic link** between this patient and a laboratory-confirmed hepatitis A case?
☐ Yes ☐ No ☐ Unk

Arizona Department of Health Services **State ID _____**
Bureau of Epidemiology and Disease Control

PATIENT HISTORY-ACUTE HEPATITIS A

Patient history: Contacts

In the **2-6 weeks** before symptom onset	Yes	No	Unk
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	☐	☐	☐
If yes, was the contact (check one)			
household member (non-sexual)?	☐	☐	☐
sexual partner?	☐	☐	☐
child cared for by this patient?	☐	☐	☐
babysitter of this patient?	☐	☐	☐
playmate?	☐	☐	☐
other _____			
Was the patient			
a child or employee in a day care center, nursery, or preschool?	☐	☐	☐
a household contact of a child or employee in a day care center, nursery or preschool?	☐	☐	☐
If yes for either of these, was there an identified hepatitis A case in the childcare facility?	☐	☐	☐

Patient history: Travel

In the **2- 6 weeks** before symptom onset	Yes	No	Unk
Did the patient travel **outside** of the U.S.A. or Canada?	☐	☐	☐
If yes, where? 1) _____ 2) _____ (Country) 3) _____			
In the **3 months** before symptom onset			
Did anyone in the patient's household travel outside of the U.S.A. or Canada?	☐	☐	☐
If yes, where? 1) _____ 2) _____ (Country) 3) _____			

Patient history: Food/Water

Is the patient suspected of being part of a common-source outbreak?	Yes	No	Unk
If yes, was the outbreak			
Foodborne - associated with an infected food handler?	☐	☐	☐
Foodborne - NOT associated with an infected food handler?	☐	☐	☐
Specify food item _____			
Waterborne	☐	☐	☐
Source not identified	☐	☐	☐
Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill?	☐	☐	☐

Patient history: Sexual partners/Drug use (if appropriate)

Please ask both of the following questions regardless of the patient's gender.	0	1	2-5	>5	Unk	N/A
In the **2- 6 weeks** before symptom onset how many						
Male sex partners did the patient have?	☐	☐	☐	☐	☐	☐
Female sex partners did the patient have?	☐	☐	☐	☐	☐	☐

Unprotected sex? **Yes** ☐ **No** ☐ **Unk** ☐

In the **2- 6 weeks** before symptom onset	Yes	No	Unk	N/A
Did the patient inject drugs not prescribed by a doctor?	☐	☐	☐	☐
Did the patient use street drugs but not inject?	☐	☐	☐	☐

Arizona Department of Health Services **State ID _____**
Bureau of Epidemiology and Disease Control

SUPPLEMENTARY INFORMATION

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's Name _____ Home phone _____ Employed by _____ Work phone _____
Report physician's name, address, and phone # _____
_____
If patient was hospitalized for hepatitis, give name of hospital _____

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON PREVIOUS PAGES

IF APPLICABLE:
1. Name, address and phone # of child care center _____
2. Name and address of school, grade, classroom attended _____
3. Name, address and phone # of restaurant where food handler worked _____
_____
4. Food history of patient for the 2-6 weeks prior to onset:
   a. name and location of restaurants _____
   b. name and location of food stores _____
   c. name and location of bakery _____
   d. group meals attended (e.g., reception, church, meeting, etc) _____
   e. location raw shellfish purchased _____
5. Name, address, and phone # of known hepatitis A contacts _____
_____ Relationship _____

6.

CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS A

Name	Date of Birth	Relationship to Case	IG	Vaccine

7. If transfused, **NOTIFY BLOOD CENTER!** Name of Blood Center _____
   a. number of units of whole blood, packed RBC or frozen RBC received _____
   b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc) _____
8. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center _____
_____ Date _____
9. Name, address, and phone # of dialysis center _____
10. Name, address, and phone # of dentist or oral surgeon _____
11. If other surgery performed, name, address, and phone # of location _____
_____
12. Name, address, and phone of acupuncturist or tattoo parlor _____
13. Is patient currently pregnant? _____ If yes, give obstetrician's name, address and phone # _____
_____
   a. estimated date and location of delivery _____

COMMENTS _____
_____
_____

INVESTIGATOR'S NAME AND TITLE _____
DATE OF INTERVIEW _____

3 of 3

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-H

Arizona Department of Health Services **State ID** _____
Bureau of Epidemiology and Disease Control

ACUTE HEPATITIS B and D CASE REPORT

The following questions should be asked for every case of Acute Hepatitis B and D

Last: _____ First: _____ Middle: _____
Preferred Name (nickname): _____ Maiden: _____
Address: Street: _____
City: _____ Phone: ( ) - Zip Code: _____
SSN # (optional) _____ - _____ - _____
State: _____ County: _____ Date Reported to Health Department ____/____ / _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):
- ☐ Amer Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other Race, specify _____

ETHNICITY:
- ☐ Hispanic
- ☐ Non-hispanic
- ☐ Other/Unknown

SEX: ☐ Male ☐ Female ☐ Unk

PLACE OF BIRTH: ☐ USA ☐ Other: _____

DATE OF BIRTH: ____/____ / _____
AGE: _____ (years) (00= <1yr, 99= Unk)

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply)
- ☐ Symptoms of acute hepatitis
- ☐ Screening of asymptomatic patient with reported risk factors
- ☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)
- ☐ Follow-up testing for previous marker of viral hepatitis
- ☐ Other: specify: _____
- ☐ Prenatal screening
- ☐ Blood / organ donor screening
- ☐ Evaluation of elevated liver enzymes
- ☐ Unknown

CLINICAL DATA:

Diagnosis Date: ____/____ / _____

Is patient symptomatic? ☐ Yes ☐ No ☐ Unk
If yes, onset date: ____/____ / _____

Was the patient
Jaundiced: ☐ Yes ☐ No ☐ Unk
Hospitalized for Hepatitis ☐ Yes ☐ No ☐ Unk

Was the patient pregnant? ☐ Yes ☐ No ☐ Unk
Due date: ____/____ / _____

Did the patient die from Hepatitis?
☐ Yes ☐ No ☐ Unk
Date of death: : ____/____ / _____

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

ALT (SGPT) Result _____ Upper limit normal _____
Date of ALT Result ____/____ / _____
AST (SGOT) Result _____ Upper limit normal _____
Date of AST Result ____/____ / _____
Bilirubin Result _____
Date of Bilirubin Result ____/____ / _____

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk
Total antibody to Hepatitis A (total anti-HAV) Test Result Date _____	☐	☐	☐
IgM antibody to Hepatitis A virus (IgM anti-HAV) Test Result Date _____	☐	☐	☐
Hepatitis B surface antigen (HBsAg) First Test Result Date _____	☐	☐	☐
Total antibody to hepatitis B core antigen (total anti-HBC) Test Result Date _____	☐	☐	☐
IgM antibody to hepatitis B core antigen (IgM anti HBc) Test Result Date _____	☐	☐	☐
If IgM anti-HBc is negative, STOP. Do not use this form. Use the Chronic Hepatitis B Case Report			
Antibody to hepatitis C virus (anti-HCV) Test Result Date _____	☐	☐	☐
Anti-HCV signal to cut-off ratio _____			
Supplemental anti-HCV assay (e.g., RIBA)	☐	☐	☐
HCV RNA (e.g., PCR) Test Result Date _____	☐	☐	☐
Antibody to hepatitis D virus (anti-HDV) Test Result Date _____	☐	☐	☐
Antibody to hepatitis E virus (anti-HEV) Test Result Date _____	☐	☐	☐

Arizona Department of Health Services **State ID** _____
Bureau of Epidemiology and Disease Control

PATIENT HISTORY-ACUTE HEPATITIS B and D

During the **6 weeks- 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?

If yes, type of contact	**Yes**	**No**	**Unk**
Sexual	☐	☐	☐
Household [Non-sexual]	☐	☐	☐
Other: _____	☐	☐	☐

Ask both of the following questions regardless of the patient's gender.

In the 6 **months** before symptom onset how many

	0	**1**	**2-5**	**>5**	**Unk**
male sex partners did the patient have?	☐	☐	☐	☐	☐
female sex partners did the patient have?	☐	☐	☐	☐	☐

	Yes	**No**	**Unk**
unprotected sex?	☐	☐	☐
Was the patient EVER ***treated*** for a sexually-transmitted disease?	☐	☐	☐

If yes, what is the date of the most recent treatment ? _____

During the **6 weeks- 6 months** prior to onset of symptoms did patient

	Yes	**No**	**Unk**
inject drugs not prescribed by a doctor?	☐	☐	☐
use street drugs but not inject?	☐	☐	☐

During the **6 weeks- 6 months** prior to onset of symptoms,

Did the patient-	**Yes**	**No**	**Unk**
undergo hemodialysis?	☐	☐	☐
have an accidental stick or puncture with a needle or other object contaminated with blood?	☐	☐	☐
receive blood or blood products [transfusion]?	☐	☐	☐
if yes, when? ____/____/_____			
have other exposure to someone else's blood?	☐	☐	☐
specify: _____			

During the **6 weeks - 6 months** prior to onset of symptoms

Was the patient employed in a medical or dental field involving direct contact with human blood?	**Yes** ☐	**No** ☐	**Unk** ☐

If yes, frequency of direct blood contact?
☐ Frequent (several times weekly) ☐ Infrequent

Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?	**Yes** ☐	**No** ☐	**Unk** ☐

If yes, frequency of direct blood contact?
☐ Frequent (several times weekly) ☐ Infrequent

	Yes	**No**	**Unk**
Did the patient receive a tattoo?	☐	☐	☐

where was the tattooing performed? (select all that apply)
☐ commercial parlor / shop
☐ correctional facility
☐ other _____

During the **6 weeks- 6 months** prior to onset of symptoms

Did the patient have any part of their body pierced (other than ear)?	**Yes** ☐	**No** ☐	**Unk** ☐

if yes, where was the piercing performed? (select all that apply)
☐ commercial parlor / shop
☐ correctional facility
☐ other _____

	Yes	**No**	**Unk**
Did the patient have dental work or oral surgery?	☐	☐	☐
Did the patient have surgery? (other than oral surgery) ?	☐	☐	☐

Was the patient- ***Check all that apply***

hospitalized?	☐	☐	☐
a resident of a long term care facility ?	☐	☐	☐
incarcerated for longer than 24 hours ?	☐	☐	☐

if yes, what type of facility (check all that apply)
☐ prison . ☐ jail ..... ☐ juvenile facility

During his/her lifetime, was the patient ***EVER*** incarcerated for longer than 6 months?	**Yes** ☐	**No** ☐	**Unk** ☐

If yes, what year was the most recent incarceration ? _____
for how long ? _____ months

VACCINATION HISTORY

	Yes	**No**	**Unk**
Did the patient ever receive hepatitis B vaccine?	☐	☐	☐
	1	**2**	**3+**
If yes, how many shots?	☐	☐	☐

When was the last shot received? ____/____/_____

	Yes	**No**	**Unk**
Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose?	☐	☐	☐
If yes, was the serum anti-HBs = 10mIU/ml? (answer 'yes' if the laboratory result was reported as 'positive' or 'reactive')	☐	☐	☐

Arizona Department of Health Services
Bureau of Epidemiology and Disease Control

State ID _____

SUPPLEMENTARY INFORMATION

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's Name _____ Home phone _____ Employed by _____ Work phone _____

Report physician's name, address, and phone # _____

_____

If patient was hospitalized for hepatitis, give name of hospital _____

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON PREVIOUS PAGES

IF APPLICABLE:

1. Name, address and phone # of child care center _____
2. Name and address of school, grade, classroom attended _____
3. Name, address, and phone # of known hepatitis B contacts _____

_____ Relationship _____

4.

CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS B

Name	Date of Birth	Relationship to Case	HBIG	Vaccine

5. If transfused, **NOTIFY BLOOD CENTER!** Name of Blood Center _____
   a. number of units of whole blood, packed RBC or frozen RBC received _____
   b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc) _____
6. **IF DONOR,** name, address, and phone # of donor or plasmapheresis center _____

_____ Date _____

7. Name, address, and phone # of dialysis center _____
8. Name, address, and phone # of dentist or oral surgeon _____
9. If other surgery performed, name, address, and phone # of location _____

_____

10. Name, address, and phone of acupuncturist or tattoo parlor _____
11. Is patient currently pregnant? _____ If yes, give obstetrician's name, address and phone # _____

_____

   a. estimated date and location of delivery _____

COMMENTS _____

_____

_____

INVESTIGATOR'S NAME AND TITLE _____

DATE OF INTERVIEW _____

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-I

ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Public Health Services
Arizona Immunization Program Office
Perinatal Hepatitis B Program
(602) 364-3630

CONFIDENTIAL

Case Identification #:_____
(ADHS use only)
Date Initiated: _____

Perinatal Hepatitis B Case Management Report

Client Name: _____ ___ _____ Birthdate: _____
(First) (MI) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Street address (if different from mailing address): _____

Phone: (_____) _____-_____ County: _____

Mother's language: _____ Country of birth: _____

Refugee program: _____ Yes _____ No

Race/Ethnicity: American Indian/Alaskan Native _____ White _____ Black _____

Hispanic Group _____ Asian/Pacific Island Group _____ Other _____ Unknown _____

Name of facility/provider filing report:_____

Date of HBsAg test #1: _____ Results: ____ Pos ____ Neg _____ Lab

Date of HBsAg test #2: _____ Results: ____ Pos ____ Neg _____ Lab

Diagnosed: _____ Acute _____ Carrier _____ Unknown

Obstetrical care provider: _____ Provider's phone #: _____

Planned delivery hospital: _____ EDC: _____

When complete please mail or fax to:
Arizona Department of Health Services
Perinatal Hepatitis B Program
150 N. 18th Avenue, Suite 120
Phoenix, AZ 85007-3233
Fax Number – (602)364-3274

Infant Information

Name: _____ _____ _____ Birthdate: _____
(First) (MI) (Last)

Sex: _____ Male _____ Female Actual delivery hospital: _____

Guardian name (if different than parent): _____ Relationship:_____

Pediatrician/ well child provider: _____ Phone #: _____
(Report within 15 days of birth)

Infant Immunization Record

HBIG given: _____ Hep B #2 given: _____
(Date) (Date)

Hep B #1 given: _____ Hep B #3 given: _____
(Date) (Date)

Post-vaccination Follow-up Serology

HBsAg test date: _____ Results: _____ Pos _____ Neg

Anti-HBs test date: _____ Results: _____ Pos _____ Neg

Additional doses of Hep B needed:_____ If yes, dates received: _____

Comments/notes:

Household/sexual contacts:
(Use *Household Contacts Form* to list contacts)

Date Identified: _____

Comments/Notes:

Case worker/PHN signature: _____ Date: _____

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-J

Listeriosis Investigation Form
Arizona Department of Health Services State ID:_____

****Please attach Communicable Disease Report (CDR) to this form****

County:_____ Interviewer:_____ Interview Date:____/____/____

I. Patient Information

Name: Last First Date of Birth: _____/_____/_____

II. Isolate Information

Source of Specimen:
☐ Blood ☐ Tissue
☐ CSF ☐ Other
☐ Vaginal Specify:_____

Type of Infection:
☐ Bacteremia ☐ Meningitis
☐ Neonatal Sepsis ☐ Other
☐ Encephalitis Specify:_____

Date of first positive culture: ____/____/_____

Lab test type:
☐ Culture ☐ Other (specify): _____

III. Clinical Information

Date of symptom onset: ____/____/_____

Was the case hospitalized? ☐ Yes ☐No ☐Unk.
Hospital: _____
Admit Date: ____/____/_____
Total days hospitalized: _____

Health Care Provider Information:
Provider Name: _____
Provider Address: _____
Provider Phone: (____) _____
Chart #: _____ Record #: _____

Outcome: *(check all that apply)* ☐ Died ☐ Survived ☐Miscarriage ☐ Still birth ☐ Unknown

Was the case diagnosed while pregnant or within 2 weeks of delivery or miscarriage? ☐Yes ☐No ☐ Unknown
If yes, please indicate the outcome of the pregnancy:

☐ Normal Date of delivery: ____/____/_____
☐ Still birth Date of stillbirth: ____/____/_____
☐ Miscarriage Date of miscarriage: ____/____/_____
☐ On-going Expected delivery date: ____/____/_____
☐ Other (please specify): _____

Was the case a newborn? ☐ Yes ☐No ☐Unknown

If yes: Was the mother tested for listeriosis? ☐ Yes ☐ No ☐Unknown
Date of mother's positive test result (if applicable) ____/____/_____ ☐ Unknown
Mother's Name: Last Name First Name
_____

IV. Exposure History

Did the case (or mother of a newborn case) consume any of the following food items within 3 weeks prior to symptom onset. *If asymptomatic, use the date of specimen collection (or the delivery date, if a newborn case) as the date of onset.*

Hot Dogs: ☐ Yes ☐ No ☐ Unknown Specify types/brands: _____
Pre-packaged or sliced deli meats: ☐ Yes ☐ No ☐ Unknown Specify types/brands: _____
Soft/Mexican cheese: ☐ Yes ☐ No ☐ Unknown Specify types/brands: _____
Unpasteurized milk (or products made from unpasteurized milk): ☐ Yes ☐ No ☐ Unknown Specify types/brands: _____
Any other high risk foods? ☐ Yes ☐ No ☐ Unknown
If yes, please specify: _____

G:\Groups\Epi\Forms\Listeria.doc Page 1 of 1

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-K

Lyme Disease Case Report Form

- Complete Communicable Disease Report form and this two-page form for each case.

Case's name: _____ **Date of Birth:**____/____/_____

Symptoms and Signs of Current Episode (Please mark each question):

DERMATOLOGIC manifestation and date of onset ___/____/_____:

☐yes ☐no ☐unknown Erythema migrans (physician diagnosed EM at least 5cm. in diameter)?

RHEUMATOLOGIC manifestation and date of onset ___/____/_____:

☐yes ☐no ☐unknown Arthritis characterized by brief attacks of joint swelling?

NEUROLOGIC manifestation(s) and first date of onset ___/____/_____:

☐yes ☐no ☐unknown Bell's palsy or other cranial neuritis?

☐yes ☐no ☐unknown Radiculoneuropathy?

☐yes ☐no ☐unknown Lymphocytic meningitis?

☐yes ☐no ☐unknown Encephalitis/Encephalomyelitis?

☐yes ☐no ☐unknown CSF tested for antibodies to *B. burgdorferi*?

☐yes ☐no ☐unknown Antibody to *B. burgdorferi* higher in CSF than serum?

CARDIOLOGIC manifestation and date of onset ___/____/_____:

☐yes ☐no ☐unknown 2nd or 3rd degree atrioventricular block?

Hospitalization:

☐yes ☐no ☐unknown Was the patient hospitalized?

If yes, where (hospital name and city): _____

Treatment:

Antibiotic(s) used:_____ Duration: _____

Exposure Information

☐yes ☐no ☐unknown History of tick bite in month prior to illness?

If Yes, date: ____/____/_____ and location: _____

☐yes ☐no ☐unknown Was the tick found? If yes, date ____/____/_____

Tick identification (Genus and species): _____

If No, please ask the following questions

☐yes ☐no ☐unknown Was there potential exposure to a tick endemic area?

If Yes, date: ____/____/_____ and location: _____

☐yes ☐no ☐unknown History of travel out-of-state or country in month preceding onset?

If Yes, date: ____/____/_____ and location: _____

Lyme Disease Case Report Form
page two

Laboratory Information

Specimen Type	Date Collected	Specific Test Type	Test Results/Values	Laboratory name/ telephone number
☐blood ☐CSF ☐other: _____				
☐blood ☐CSF ☐other: _____				
☐blood ☐CSF ☐other: _____				
☐blood ☐CSF ☐other: _____				**State Laboratory confirmation**

Form completed by: _____ Date:____/____/_____

Fax or send completed form to:

Vector Borne and Zoonotic Disease Section
150 N. 18th Avenue, Suite 140
Phoenix, AZ 85007
FAX: (602) 364-3198

ADHS Lyme Disease Case Report Form 06/2004

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-L

Patient Name: _____ County: _____

Salmonellosis Investigation Form
Arizona Department of Health Services

Symptomatology

1. Which of the following symptoms did you have?

>3 loose stools	□Yes	□No	Fever	□Yes	□No
# days (>3 loose stools) _____			highest temperature _____ date _____		
# episodes in 24 hours _____			Chills	□Yes	□No
Blood in stools	□Yes	□No	Headache	□Yes	□No
Constipation	□Yes	□No	Backache	□Yes	□No
Abdominal cramps	□Yes	□No	Muscle aches	□Yes	□No
Nausea	□Yes	□No	Fatigue	□Yes	□No
Vomiting	□Yes	□No	Other: _____		

2. When did your symptoms start? Date_____ Time _____ a.m. p.m.
3. What date did the diarrhea start? Date_____ Time_____ a.m. p.m.
4. Were you hospitalized? □ Yes □ No Adm Date _____ # days _____
5. How long did your illness last? _____# of days to full recovery

Occupation

6. Work at or attend child care? □ Yes □ No
7. Food handler (work or volunteer)? □ Yes □ No
8. Household member is a food handler? □ Yes □ No
9. Provide patient care? □ Yes □ No

Food Habits

10. Are you a vegetarian? □ Yes □ No
Type _____

Medical History

11. Have existing chronic medical problem(s) or any medical condition(s)? □Yes □No
Describe_____
_____

Within the last month:

12. Antibiotics □Yes □No

Name	dosage, # of days
_____	_____
_____	_____
_____	_____

13. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? □Yes □ No

Risk factors:
In the 7 days prior to your illness, were you exposed to any of the following:

14. Contact with :

Reptiles (turtles, iguanas, snakes)	□ Yes	□No
Amphibians (frogs, salamanders)	□ Yes	□No
Farm animals	□ Yes	□No
Petting zoo animal	□ Yes	□No
Pets (including hedgehogs)	□ Yes	□No

What kind of animal(s) _____
When?_____Where? _____

15. Any travel? □ Yes □No
Where?
_____
From? __/__/__ to __/__/__
Airline?_____ Flight No._____
Foods eaten on:
outbound flight
_____
return flight
_____

16. Contact to someone with diarrhea?
□ Yes □No
Name & relationship? _____
When? _____

17. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? □ Yes □No
When?__/__/__ Where? _____
When?__/__/__ Where? _____

18. Get your face wet in the ocean, a lake, river, pool or spa? □ Yes □No
Where?_____

Patient Name: _____ County: _____

ADHS Salmonella Investigation Form Page two

Food History

During the 7 days prior to your illness (give the day and date to orient the patient):

19. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

20. Fresh (not pasteurized) eggs? □Yes □No
Runny yolk? □Yes □No
Where? _____

21. Poultry (chicken, turkey, etc)? □Yes □No
Brand/Where bought? _____

22. Raw sprouts (alfalfa, clover)? □Yes □No
Brand/Where bought? _____

23. Beverage containing unpasteurized/fresh juice? □Yes □No
Brand/Where bought? _____

24. Raw (unpasteurized) milk or dairy product? □ Yes □ No
Brand/Where bought? _____

25. Untreated or raw water? □ Yes □ No
Where? _____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: _____ Date:_____

Send or Fax to: ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3676
(602) 364-3199 Fax

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-M

Patient Name: _____ County: _____

Shigellosis Investigation Form
Arizona Department of Health Services

Symptomatology

1. Which of the following symptoms did you have?

Diarrhea	☐Yes	☐No	Fever	☐Yes	☐No
# days (>3 loose stools) _____			highest temperature _____ date _____		
# episodes in 24 hours _____			Chills	☐Yes	☐No
Blood in stools	☐Yes	☐No	Headache	☐Yes	☐No
Mucous in stools	☐Yes	☐No	Backache	☐Yes	☐No
Watery stools	☐Yes	☐No	Muscle aches	☐Yes	☐No
Constipation	☐Yes	☐No	Fatigue	☐Yes	☐No
Abdominal cramps	☐Yes	☐No	Joint Pain	☐Yes	☐No
Nausea	☐Yes	☐No	Anorexia/weight loss	☐Yes	☐No
Vomiting	☐Yes	☐No	Other: _____		

2. When did your symptoms start? Date_____ Time _____ a.m. p.m.
3. What date did the diarrhea start? Date_____ Time _____ a.m. p.m.
4. Were you hospitalized? ☐ Yes ☐ No Adm Date _____ # days _____
5. How long did your illness last? _____# of days to full recovery

Occupation

6. Work at or attend child care? ☐ Yes ☐ No
7. Food handler (work or volunteer)? ☐ Yes ☐ No
8. Household member is a food handler? ☐ Yes ☐ No
9. Provide patient care? ☐ Yes ☐ No

Medical History

10. Have existing chronic medical problem(s) or any medical condition(s)? ☐Yes ☐No
Describe_____
_____

Within the last month:

11. Antibiotics ☐Yes ☐No
Name dosage, # of days
_____ _____
_____ _____
_____ _____

12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? ☐Yes ☐ No
13. Did the patient survive? ☐Yes ☐ No Date of Death: ___/___/___

Risk factors:
In the 7 days prior to your illness, were you exposed to any of the following:

14. Any travel? ☐ Yes ☐No
Where?
_____
From? __/__/__ to __/__/__
Airline?_____ Flight No._____
Foods eaten on:
outbound flight
_____
return flight
_____

15. Contact with someone with similar symptoms ? ☐ Yes ☐No
Name & relationship? _____
When? _____Phone #_____

16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? ☐ Yes ☐No
When?__/__/__ Where? _____
When?__/__/__ Where? _____

17. Get your face wet in the ocean, a lake, river, pool, or spa? ☐ Yes ☐No
Where?_____

15. Change any diapers? ☐ Yes ☐No

16. Contact with human or primate feces? ☐ Yes ☐No

Patient Name: _____ County: _____

ADHS Shigella Investigation Form Page two

Food History

During the 7 days prior to your illness (give the day and date to orient the patient):

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

19. What type of water did you drink?
☐Public ☐Well ☐Bottled ☐Other

20. Raw or untreated water? ☐Yes ☐No
Where? _____

21. Raw (unpasteurized) milk or dairy products?
☐ Yes ☐ No
Brand/Where bought? _____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: _____ Date:_____

Send or Fax to: ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3676
(602) 364-3199 Fax

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

EXHIBIT III-N

Arizona Department of Health Services
RVCT Addendum Form for TB Reporting

Pt Name_____ **County** _____	2. Name of Case Manager: _____
5. Alien number for Class B and INS detainees: A _ _ - _ _ _ - _ _ _	6. Is the county providing housing or funds for housing assistance? YES NO UNKNOWN
7. Name of tribe if Native American: _____	8. Name of Indian Health Service site where counted: _____
The following four questions pertain to persons diagnosed with TB while residing in a correctional facility:	
9. Name of correctional facility: _____	10. Date most recently admitted to prison system: _ _ / _ _ / _ _ _ _
11. Prisoner number state or federal prisoners (BOP): _____	12. Is inmate an INS detainee? YES NO UNKNOWN
13. Is this patient on directly-observed therapy (DOT)? YES NO UNKNOWN	14. If not on DOT, please select one of the following reasons: A. Patient refused B. Site of disease is extrapulmonary C. Inadequate staff to provide DOT for this pt. D. Medication given by family member E. Other _____
15. Is this patient diabetic? YES NO UNKNOWN	16. Is the patient a student? A. Not a student B. Primary (grade K – 6) C. Middle (grade 7 - 8) D. High School E. College / University F. Unknown
17. Has the patient ever received treatment for latent tuberculosis infection (LTBI)? A. No B. Complete C. Partial D. Unknown	18. Year of treatment for latent tuberculosis infection: _ _ _ _
19. Name of source case (if known) and relationship to patient: _____	
Is the physician who performed diagnostic TB evaluation (choose one) 20. acting as a public health physician name _____ 21. a private medical provider name_____	Is the physician providing current TB treatment and monitoring (choose one) 22. acting as a public health physician name _____ 23. a private medical provider name_____
24. Stop reason other than "completed" A. deportation B. voluntarily moved to foreign country C. other_____	25. Extended treatment (>1 year) rationale: A. Lost during treatment while on DOT B. Clinical indication _____ C. Cannot tolerate first line drugs D. Physician preference E. Patient non-compliant on self-administered meds F. Other_____
26. Binational status due to (circle one only): A. Diagnostic / clinical / treatment information exchange with Mexico B. Contacts only (this case has contacts living in Mexico or this case was a contact to a Mexico case) C. Both A and B D. Binational case ONLY due to laboratory / radiologic testing E. Not a binational case F. Unknown	

Revised 11/04/2003

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

ARTICLE 4. AIDS DRUG ASSISTANCE PROGRAM (ADAP)

R9-6-401. Definitions

In this Article, unless otherwise specified:

1. "ADAP" means the AIDS Drug Assistance Program.
2. "AHCCCS" means the Arizona Health Care Cost Containment System.
3. "Applicant" means an individual who submits an application for ADAP to the Department.
4. "Diagnosis" means an identification of a disease by an individual authorized by law to make the identification.
5. "Drug" means a chemical substance determined by the United States Food and Drug Administration to be useful in the treatment of individuals with HIV infection.
6. "Earned income" means payments received by an individual as a result of work performed, including:
   a. Wages,
   b. Commissions and fees,
   c. Salaries and tips,
   d. Profit from self-employment,
   e. Profit from rent received from a tenant or boarder, and
   f. Any other monetary payments received by an individual for work performed.
7. "Family income" means the combined gross earned income and unearned income of all individuals within the family unit.
8. "Family unit" means:
   a. A group of individuals residing together who are related by birth, marriage, or adoption; or
   b. An individual who does not reside with any individual to whom the individual is related by birth, marriage, or adoption.
9. "Outpatient" means in an ambulatory setting.
10. "Poverty level" means the annual income for a family unit of a particular size included in the poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
11. "Primary care provider" means a physician, registered nurse practitioner, or physician assistant who is treating an applicant or enrolled individual for HIV disease or HIV infection.
12. "Public assistance" means a government program that provides benefits to individuals based on need, such as Aid to Families with Dependent Children, SSI, or non-federally funded general assistance.
13. "Resident" means an individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist.
14. "SSI" means Supplemental Security Income, a program of the Social Security Administration.
15. "Unearned income" means non-gift payments received by an individual that are unrelated to work performed by the individual, including:
   a. Unemployment insurance;
   b. Workers' compensation;
   c. Disability payments;
   d. Social security payments;
   e. Public assistance payments;
   f. Periodic insurance or annuity payments;
   g. Retirement or pension payments;
   h. Strike benefits from union funds;
   i. Training stipends;
   j. Child support payments;
   k. Alimony payments;
   l. Military family allotments or other regular support payments from a relative or other individual not residing in the household;
   m. Investment income;
   n. Royalty payments;
   o. Periodic payments from estates or trusts; and
   p. Any other non-gift monetary payments received by an individual that are unrelated to work performed by the individual and that are not capital gains, lump-sum inheritance or insurance payments, or payments made to compensate for personal injury.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-801 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-401 renumbered to R9-6-402; new Section R9-6-401 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-402. Limitations and Termination of Program

ADAP ceases to provide drugs when available funding is exhausted or terminated. ADAP is not an entitlement program and does not create a right to assistance absent available funding.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-802 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-402 renumbered to R9-6-403; new Section R9-6-402 renumbered from R9-6-401 and amended by final

rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-403. Eligibility Requirements

A. An individual is eligible to participate in ADAP if the individual:
1. Applies for enrollment in AHCCCS and possesses one of the following:
   a. A letter from AHCCCS stating that an application for eligibility is pending, or
   b. A letter from AHCCCS denying eligibility;
2. Has no or inadequate health insurance to cover the cost of the drugs that are or may become available from ADAP on an outpatient basis or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;
3. Has annual family income that is less than or equal to 300% of the poverty level;
4. Is ineligible for Veterans' Administration benefits;
5. Has a medical diagnosis of HIV disease or HIV infection; and
6. Is a resident of Arizona.

B. For purposes of ADAP application, an individual may report annual family income using actual family income for the most recent 12 months or estimated annual family income determined by multiplying the current monthly family income by 12.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-803 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-403 renumbered to R9-6-404; new Section R9-6-403 renumbered from R9-6-402 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-404. Application Process

An applicant shall submit to the Department the following documents:
1. An application completed by the applicant, on a form provided by the Department, including the following:
   a. The applicant's name, date of birth, and sex;
   b. The applicant's address;
   c. The applicant's telephone number;
   d. The number of individuals in the applicant's family unit;
   e. The applicant's annual family income;
   f. The applicant's social security number;
   g. The applicant's residency;
   h. The applicant's race and ethnicity;
   i. The applicant's employment status;
   j. Whether the applicant is receiving benefits from SSI or AHCCCS;
   k. Whether the applicant is eligible to receive benefits from the Veterans' Administration;
   l. Whether the applicant has health insurance that would pay for drugs and, if so, to what extent;
   m. The applicant's scheduled AHCCCS eligibility appointment date, if any;
   n. A statement by the applicant or the parent or guardian of a minor applicant that:
      i. The information on the form is accurate and complete;
      ii. The applicant does not have health insurance coverage for the requested drugs or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;
      iii. The applicant, or the parent or guardian of a minor applicant, understands that eligibility does not create an entitlement; and
      iv. The applicant, or the parent or guardian of a minor applicant, grants permission to the Department to discuss the applicant's application with AHCCCS for purposes of determining AHCCCS eligibility; and
   o. The signature of the applicant or the parent or guardian of a minor applicant and the date of signature;
2. An application completed by the applicant's primary care provider, on a form provided by the Department, including the following:
   a. The applicant's name;
   b. The primary care provider's name and business address, telephone number, and facsimile number;
   c. A statement that the applicant has been diagnosed with HIV disease or HIV infection;
   d. The dates, results, and laboratory names and addresses for the most recent HIV-related tests conducted for the applicant;
   e. Each drug prescribed by the primary care provider for the applicant;
   f. A statement by the primary care provider that the information presented on the application is accurate and complete; and
   g. The signature of the primary care provider and the date of signature;
3. An original prescription signed by the primary care provider for each drug indicated as prescribed on the primary care provider's application;
4. A copy of one of the following:
   a. A letter from AHCCCS stating that an application for eligibility is pending, or
   b. A letter from AHCCCS denying eligibility; and
5. Proof of annual family income, including the following items, as applicable:
   a. The most recent paycheck stub, or a statement from the employer listing gross wages, from each job;
   b. Business records showing net income from self-employment;
   c. A letter describing any monetary award received by a student to cover non-tuition expenses;
   d. A letter describing each public assistance award; and
   e. Documentation showing the amount and source of any other income.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-804 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-404 renumbered to R9-6-405; new Section R9-6-404 renumbered from R9-6-403 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-405. Enrollment Process

A. The Department shall review each completed application received and determine enrollment based on applicant eligibility, the date on which the application is completed, and the availability of funds.

B. An applicant shall execute any consent forms or releases of information necessary for the Department to verify eligibility.

C. The time-frames for approving or denying an application are described in R9-6-408.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-805 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-405 renumbered to R9-6-406; new Section R9-6-405 renumbered from R9-6-404 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-406. Continuing Enrollment

A. The Department shall review eligibility every six months after enrollment unless one of the following events occurs within the six-month period to end eligibility:
1. The enrolled individual dies;
2. The enrolled individual stops using the drug or drugs on the advice of a primary care provider;
3. The enrolled individual is determined eligible and enrolled to receive medical services through AHCCCS or another third-party payor other than Indian Health Services;
4. The enrolled individual's annual family income increases to an amount above 300% of the poverty level; or
5. The enrolled individual establishes residency outside Arizona.

B. The enrolled individual or the enrolled individual's primary care provider shall notify the Department within 30 days after any of the events listed in subsection (A) occurs.

C. Before the expiration of each six-month period, the Department shall send each enrolled individual a letter requesting that the enrolled individual submit proof of annual family income and complete and submit a follow-up application form provided by the Department.
1. The enrolled individual shall submit to the Department proof of annual family income as described in R9-6-404(5) and a completed follow-up application form within 30 days after the date of the letter.
2. The completed follow-up application form shall contain the following:
   a. The enrolled individual's name, address, and telephone number;
   b. The enrolled individual's race and ethnicity, date of birth, sex, and social security number;
   c. The enrolled individual's residency;
   d. The number of individuals in the enrolled individual's family unit;
   e. The enrolled individual's employment status;
   f. The enrolled individual's annual family income;
   g. Whether the enrolled individual is receiving benefits from SSI or AHCCCS;
   h. Whether the enrolled individual is eligible to receive benefits from the Veterans' Administration;
   i. Whether the enrolled individual has health insurance that would pay for drugs and, if so, to what extent;
   j. The status of any application made to AHCCCS since the individual's enrollment in ADAP;
   k. A statement by the enrolled individual or the parent or guardian of an enrolled minor individual that:
      i. The information on the form is accurate and complete;
      ii. The enrolled individual does not have health insurance coverage for the requested drugs or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;
      iii. The enrolled individual, or the parent or guardian of an enrolled minor individual, understands that eligibility does not create an entitlement; and
      iv. The enrolled individual, or the parent or guardian of an enrolled minor individual, grants permission to the Department to discuss the enrolled individual's follow-up application with AHCCCS for purposes of determining AHCCCS eligibility;
   l. The signature of the enrolled individual or the parent or guardian of an enrolled minor individual and the date of signature; and
   m. After every 24 months of continuous enrollment, a portion of the follow-up application completed by the enrolled individual's primary care provider including the following:
      i. The primary care provider's name and business address, telephone number, and facsimile number;
      ii. A statement by the primary care provider that treatment with the drug or drugs is still appropriate;
      iii. The results and dates of the most recent HIV-related tests for the enrolled individual, if available;
      iv. A statement by the primary care provider that the information presented on the application is accurate and complete; and

v. The signature of the primary care provider and the date of signature.

D. The Department shall determine continuing enrollment based on the enrolled individual's eligibility and the availability of funds.

E. The time-frames for approving or denying continuing enrollment are described in R9-6-408.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-806 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-406 renumbered to R9-6-407; new Section R9-6-406 renumbered from R9-6-405 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-407. Distribution Requirements

A. The primary care provider shall write each drug prescription for an applicant or enrolled individual for the quantity of the drug packaged in the original container by the manufacturer.

B. The Department shall purchase a prescribed drug and provide the drug to the enrolled individual's pharmacy in a quantity sufficient to meet the therapeutic regimen prescribed by the enrolled individual's primary care provider.

C. The Department shall provide a drug in original, unopened containers as packaged by the manufacturer.

D. If an enrolled individual changes primary care providers, the original primary care provider shall notify the Department in writing within seven days after the change. The original primary care provider shall provide the following information in the written notice:

1. The name and address of the enrolled individual;
2. The name and business address and telephone number of the new primary care provider; and
3. A release signed by the enrolled individual authorizing the Department to contact and exchange information with the new primary care provider.

E. Failure to comply with subsection (D) may cause an interruption in or termination of support.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-807 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-407 repealed; new Section R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-408. Time-frames

A. The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1. The applicant or enrolled individual and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.

B. The administrative completeness review time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1 and begins on the date that the Department receives an application.

1. The Department shall send a notice of administrative completeness or deficiencies to the applicant or enrolled individual within the administrative completeness review time-frame.
   a. A notice of deficiencies shall list each deficiency and the information and documentation needed to complete the application.
   b. If the Department issues a notice of deficiencies within the administrative completeness review time-frame, the administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice is issued until the date that the Department receives the missing information from the applicant or enrolled individual.
   c. If the applicant or enrolled individual fails to submit to the Department all of the information and documents listed in the notice of deficiencies within 30 days from the date that the Department sent the notice of deficiencies, the Department shall consider the application or follow-up application withdrawn.
2. If the Department issues an approval to the applicant or enrolled individual during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.

C. The substantive review time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1 and begins as of the date on the notice of administrative completeness.

1. The Department shall send written notification of approval or denial of enrollment or continuing enrollment to the applicant or enrolled individual within the substantive review time-frame.
2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information, unless the Department and the applicant or enrolled individual have agreed in writing to allow the Department to submit supplemental requests for information.
3. If the Department issues a comprehensive written request or a supplemental request for information, the substantive review time-frame and the overall time-frame are suspended from the date that the Department issues the request until the date that the Department receives all of the information requested.
4. The Department shall issue an approval of enrollment or continuing enrollment unless:
   a. The Department determines that the applicant or enrolled individual is ineligible,

b. The Department does not have funds available to enroll the applicant in or to continue the enrolled individual's enrollment in ADAP,
c. The Department determines that the applicant or enrolled individual submitted false or inaccurate information to the Department,
d. The Department determines that the applicant or enrolled individual failed to submit to the Department all of the information requested in a comprehensive or supplemental written request for information within 30 days after the request, or
e. The Department determines that the enrolled individual failed to submit to the Department proof of annual family income or a completed follow-up application as requested in the letter described in R9-6-406.

D. The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each applicant or enrolled individual who is denied enrollment or continuing enrollment. The applicant or enrolled individual may file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

E. For the purpose of computing time-frames in this Section, the day of the act, event, or default from which the designated period of time begins to run is not included. Intermediate Saturdays, Sundays, and legal holidays are included in the computation. The last day of the period so computed is included unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day that is not a Saturday, a Sunday, or a legal holiday.

Table 1. Time-frames (in days)

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Substantive Review Time-frame
Application for ADAP Enrollment	A.R.S. § 36-136	52	10	42
Follow-up Application for ADAP Continuing Enrollment	A.R.S. § 36-136	30	10	20

Historical Note
Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-808 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-408 renumbered to R9-6-409; new Section R9-6-408 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-409. Confidentiality
The Department considers ADAP application materials and all information received or maintained by the Department in connection with ADAP application and subsequent actions to be confidential medical information, as defined in 9 A.A.C. 1, Article 3. The Department shall comply with 9 A.A.C. 1, Article 3 with regard to disclosing these materials and this information.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-409 renumbered to R9-6-902; new Section R9-6-409 renumbered from R9-6-408 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Exhibit A. Renumbered

Historical Note
Exhibit A "Consent for HIV Testing" (English) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit A renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Exhibit B. Renumbered

Historical Note
Exhibit B "Consentimiento Para la Prueba de VIH" (Consent for HIV Testing-Spanish) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit B renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-410. Renumbered

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-903 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-411. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-412. Repealed

Historical Note
Correction, adding Historical Note: Amended effective February 25, 1976 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-413. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Amended effective June 4, 1980 (Supp. 80-3). Amended effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-414. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-415. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-416. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-417. Repealed

Historical Note
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-418. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-419. Repealed

Historical Note
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-420. Reserved

R9-6-421. Reserved

R9-6-422. Reserved

R9-6-423. Reserved

R9-6-424. Reserved

R9-6-425. Reserved

R9-6-426. Reserved

R9-6-427. Reserved

R9-6-428. Reserved

R9-6-429. Reserved

R9-6-430. Reserved

R9-6-431. Repealed

Historical Note
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-432. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-433. Repealed

Historical Note
Repealed effective October 19, 1993 (Supp. 93-4).

ARTICLE 5. RABIES CONTROL

R9-6-501. Definitions

In this Article, unless otherwise specified:

1. "Animal control agency" means a board, commission, department, office, or other administrative unit of federal or state government or of a political subdivision of the state that has the responsibility for controlling rabies in animals in a particular geographic area.
2. "Approved rabies vaccine" means a rabies vaccine authorized for use in this state by the state veterinarian under A.A.C. R3-2-409.
3. "Cat" means an animal of the genus species *Felis domesticus*.
4. "Currently vaccinated" means that an animal was last immunized against rabies with an approved rabies vaccine:
   a. At least 28 days and no longer than one year before being exposed, if the animal has only received an initial dose of approved rabies vaccine;
   b. No longer than one year before being exposed, if the approved rabies vaccine is approved for annual use under A.A.C. R3-2-409; or
   c. No longer than three years before being exposed, if the approved rabies vaccine is approved for triennial use under A.A.C. R3-2-409.
5. "Dog" means an animal of the genus species *Canis familiaris*.
6. "Euthanize" means to kill an animal painlessly.
7. "Exposed" means bitten by or having touched a rabid animal or an animal suspected of being rabid.
8. "Ferret" means an animal of the genus species *Mustela putorius*.
9. "Not currently vaccinated" means that an animal does not meet the definition of "currently vaccinated."
10. "Rabid" means infected with rabies virus, a rhabdovirus of the genus *Lyssavirus*.
11. "Suspect case" means an animal whose signs or symptoms indicate that the animal may be rabid.

Historical Note
Amended effective December 22, 1976 (Supp. 76-5). Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Corrections, subsections (A), (B) and (C) (Supp. 77-5). Amended effective April 10, 1980 (Supp. 80-2). Former Section R9-6-116 renumbered without change as R9-6-501 effective January 28, 1987 (Supp. 87-1). Section R9-6-501 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-501 renumbered to R9-6-701, new Section R9-6-501 renumbered from R9-6-201 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-501 renumbered to R9-6-502; new R9-6-501 renumbered from R9-6-105 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-502. Management of Exposed Animals

A. An animal control agency shall manage an exposed dog, cat, or ferret as follows:

1. If the exposed dog, cat, or ferret is currently vaccinated, the animal control agency shall:
   a. Revaccinate the animal with an approved rabies vaccine within seven days after the date that the animal is exposed; and
   b. Confine and observe the animal in the owner's home or, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, for 45 days after the animal is exposed; or
2. If the exposed dog, cat, or ferret is not currently vaccinated, the animal control agency shall:
   a. Euthanize the animal; or
   b. At the owner's request, confine the animal for 180 days, at the owner's expense, in a veterinary hospital

or the animal control agency's facility, as determined by the animal control agency, and vaccinate the animal with an approved rabies vaccine 28 days before it is released from confinement.

B. An animal control agency that is aware of an exposed animal, other than a cat, dog, ferret, or livestock, shall:
1. Make every effort to capture the exposed animal as soon as it is identified, and
2. Euthanize the animal as soon as it is captured.

C. An animal control agency shall release from confinement a dog, cat, or ferret exposed to a suspect case when the animal control agency receives a negative rabies report on the suspect case from the Department.

D. Livestock shall be handled according to A.A.C. R3-2-408.

Historical Note
Amended effective December 22, 1976 (Supp. 76-5). Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-117 amended as a permanent rule by adding a new subsection (C) and repealing the former subsections (C), (D) and (E) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-117 renumbered without change as R9-6-502 effective January 28, 1987 (Supp. 87-1). Section R9-6-502 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-502 renumbered to R9-6-702, new Section R9-6-502 renumbered from R9-6-202 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-502 renumbered to R9-6-503; new R9-6-502 renumbered from R9-6-501 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-503. Suspect Cases

A. An animal control agency shall ensure confinement of a dog, cat, or ferret that is a suspect case until:
1. The animal dies,
2. The animal is euthanized, or
3. A veterinarian determines that the animal is not rabid.

B. When an animal control agency euthanizes a suspect case, the animal control agency shall avoid damaging the brain, so that rabies testing can be performed.

Historical Note
Amended effective December 22, 1976 (Supp. 76-5). Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-118 amended as a permanent rule by repealing subsection (C) and renumbering subsections (D) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-118 renumbered without change as R9-6-503 effective January 28, 1987 (Supp. 87-1). Section R9-6-503 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-503 renumbered to R9-6-703, new Section R9-6-503 renumbered from R9-6-203 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-503 renumbered to R9-6-504; new R9-6-503 renumbered from R9-6-502 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-504. Animal Control Agency Reporting Requirements

By April 30 of each year, an animal control agency shall submit a report to the Department that contains the number of animal bites to humans reported as occurring in the animal control agency's jurisdiction during the preceding calendar year and a breakdown of the bites by:
1. Species of animal,
2. Age of victim, and
3. Month of occurrence.

Historical Note
Amended effective December 22, 1976 (Supp. 76-5). Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-119 amended as a permanent rule by repealing subsections (A) and (B), renumbering and amending subsections (C) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-119 renumbered without change as R9-6-504 effective January 28, 1987 (Supp. 87-1). Section R9-6-504 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-504 renumbered to R9-6-704 effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-503 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-505. Renumbered

Historical Note
Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-505 renumbered to R9-6-705 effective October 19, 1993 (Supp. 93-4).

R9-6-506. Renumbered

Historical Note
Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506 renumbered to R9-6-706 effective October 19, 1993 (Supp. 93-4).

Table 1. Renumbered

Historical Note
Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 1 renumbered to R9-6-706 Table 1 effective October 19, 1993 (Supp. 93-4).

Table 2. Renumbered

Historical Note
Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 2 renumbered to R9-6-706, Table 2 effective October 19, 1993 (Supp. 93-4).

ARTICLE 6. TUBERCULOSIS CONTROL

R9-6-601. Definitions

In addition to the definitions in A.R.S. § 36-711, the following definitions apply in this Article, unless otherwise specified:
1. "Inmate" means an individual who is incarcerated in a correctional facility.
2. "Latent tuberculosis infection" means the presence of *Mycobacterium tuberculosis*, as evidenced by a positive result from an approved test for tuberculosis, in an individual who:
   a. Has no symptoms of active tuberculosis,

b. Has no clinical signs of tuberculosis other than the positive result from the approved test for tuberculosis, and
c. Is not infectious to others.

3. "Symptoms suggestive of tuberculosis" means any of the following that cannot be attributed to a disease or condition other than tuberculosis:
a. A productive cough that has lasted for at least three weeks;
b. Coughing up blood; or
c. A combination of at least three of the following:
i. Fever,
ii. Chills,
iii. Night sweats,
iv. Fatigue,
v. Chest pain, and
vi. Weight loss.

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-601 renumbered to R9-6-201, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-106 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-602. Local Health Agency Reporting Requirements

A. Within 30 days after receiving information, a local health agency shall report to the Department regarding:
1. Each individual in its jurisdiction who has been diagnosed with active tuberculosis,
2. Each individual in its jurisdiction who is suspected of having active tuberculosis, and
3. Each individual in its jurisdiction who is believed to have been exposed to an individual with infectious active tuberculosis.

B. Each report made under subsection (A) shall consist of completed Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003), which is incorporated by reference in R9-6-373, or a completed electronic equivalent to Form CDC 72.9A and B provided by the Department.

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-602 renumbered to R9-6-202, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-603. Tuberculosis Control in Correctional Facilities

A. An administrator of a correctional facility shall ensure that:
1. Each new inmate in the correctional facility undergoes a symptom screening for tuberculosis while processing into the correctional facility;
2. An inmate in whom symptoms suggestive of tuberculosis are detected during screening:
a. Is immediately:
i. Placed in airborne infection isolation, or
ii. Required to wear a surgical mask and retained in an environment where exposure to the general inmate population is minimal and the inmate can be observed at all times to be wearing the mask;
b. If not immediately placed in airborne infection isolation, is within 24 hours after screening:
i. Given a medical evaluation for active tuberculosis, or
ii. Transported to a health care institution to be placed in airborne infection isolation; and
c. Is given a medical evaluation for active tuberculosis before being released from airborne infection isolation or permitted to stop wearing a surgical mask and released from the environment described in subsection (A)(2)(a)(ii).
3. Except as provided in subsection (A)(6), each new inmate who does not have a documented history of a positive result from an approved test for tuberculosis or who has not received an approved test for tuberculosis within the previous 12 months is given an approved test for tuberculosis within seven days after processing into the correctional facility;
4. Except as provided in subsection (A)(5), each new inmate who has a positive result from an approved test for tuberculosis or who has a documented history of a positive result from an approved test for tuberculosis is given a chest x-ray and a medical evaluation, within 14 days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
5. If an inmate has had a documented negative chest x-ray after a positive result from an approved test for tuberculosis, the inmate is not required to have another chest x-ray unless the inmate has signs or symptoms of active tuberculosis;
6. Each new inmate who is HIV-positive, in addition to receiving an approved test for tuberculosis, is given a chest x-ray and a medical evaluation within seven days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
7. Each inmate who has a negative result from an approved test for tuberculosis when tested during processing has a repeat approved test for tuberculosis after 12 months of incarceration and every 12 months thereafter during the inmate's term of incarceration;
8. Each inmate with active tuberculosis is:
a. Provided medical treatment that meets accepted standards of medical practice, and
b. Placed in airborne infection isolation until no longer infectious; and
9. All applicable requirements in 9 A.A.C. 6, Articles 2 and 3 are complied with.

B. The requirements of subsection (A) apply to each correctional facility that houses inmates for 14 days or longer and to each inmate who will be incarcerated for 14 days or longer.

C. An administrator of a correctional facility, either personally or through a representative, shall:
1. Unless unable to provide prior notification because of security concerns, notify the local health agency at least one working day before releasing a tuberculosis case or suspect case;
2. If unable to provide prior notification because of security concerns, notify the local health agency within 24 hours after releasing a tuberculosis case or suspect case; and
3. Provide a tuberculosis case or suspect case or an inmate being treated for latent tuberculosis infection the name and address of the local health agency before the case, suspect case, or inmate is released.

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4), new Section R9-6-603 adopted effective October 19, 1993

(Supp. 93-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-604. Standards of Medical Care

A health care provider caring for an afflicted person shall comply with the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/ Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), published in 167 *American Journal of Respiratory and Critical Care Medicine* 603-662 (February 15, 2003), which is incorporated by reference, on file with the Department, and available from the American Thoracic Society, 61 Broadway, New York, NY 10006-2747 or at www.atsjournals.org, unless the health care provider believes, based on the health care provider's professional judgment, that deviation from the recommendations is medically necessary. If a health care provider caring for an afflicted person deviates from the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), the health care provider shall, upon request, explain to the Department or a local health agency the rationale for the deviation. If the tuberculosis control officer determines that deviation from the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), is inappropriate and that the public health and welfare require intervention, the tuberculosis control officer may take charge of the afflicted person's treatment as authorized under A.R.S. § 36-723(C).

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-605. Repealed

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-606. Emergency Expired

Historical Note

Adopted as an emergency effective October 12, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency rule readopted without change effective February 22, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency rule readopted with changes effective July 3, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired.

ARTICLE 7. VACCINE-PREVENTABLE DISEASES

R9-6-701. Definitions

In this Article, unless otherwise specified:

1. "AHCCCS" means the Arizona Health Care Cost Containment System.
2. "Administration of vaccine" means the inoculation of a child with an immunizing agent by an individual authorized by federal or state law.
3. "ASIIS" means the Arizona State Immunization Information System, an immunization reporting system that collects, stores, analyzes, releases, and reports immunization data.
4. "Case" has the same meaning as in R9-6-101.
5. "Catch-up immunization schedule" means the times established in Table 2 for the immunization of a child who has not completed the vaccine series required in Table 1 before entry into a child care or school.
6. "CDC" means the Centers for Disease Control and Prevention.
7. "Charter school" has the same meaning as in A.R.S. § 15-101.
8. "Child" means:
   a. An individual 18 years of age or less, or
   b. An individual more than 18 years of age attending school.
9. "Child care" means:
   a. A child care facility as defined in A.R.S. § 36-881; or
   b. A child care group home as defined in A.R.S. § 36-897.
10. "Child care administrator" means an individual, or the individual's designee, having daily control and supervision of a child care.
11. "Communicable period" means the time during which an individual is capable of infecting another individual with a communicable disease.
12. "Contact person" means an individual who, on behalf of a school or child care and upon request of the Department, provides information to the Department.
13. "Day" means a calendar day, and excludes the:
    a. Day of the act, or event, from which a designated period of time begins to run, and
    b. Last day of the period if a Saturday, Sunday, or official state holiday.
14. "DTaP" means diphtheria, tetanus, and acellular pertussis vaccine.
15. "DTP" means diphtheria, tetanus, and pertussis vaccine.
16. "Enroll" means to accept into a school by the school or into a child care by the child care.
17. "Entry" means the first day of attendance at a child care or at a specific grade level in a school.
18. "Head Start program" means a federally funded program administered under 42 U.S.C. 9831 et. seq.
19. "Hep A" means hepatitis A vaccine.
20. "Hep B" means hepatitis B vaccine.
21. "Hib" means *Haemophilus influenzae* type b vaccine.
22. "Immunization" has the same meaning as in A.R.S. § 36-671.
23. "Immunization registry" means a storage of immunization data for vaccines.
24. "Immunization registry administrator" means an individual, or the individual's designee, having daily control and supervision of an immunization registry.
25. "IRMS number" means a numeric identifier the Department issues to a person whose information is stored in ASIIS.
26. "KidsCare" means a federally funded program administered by AHCCCS under A.R.S. § 36-2982.
27. "Kindergarten" means the grade level in a school that precedes first grade.
28. "Laboratory evidence of immunity" has the same meaning as in A.R.S. § 36-671.
29. "Local health agency" has the same meaning as "health agency" in A.R.S. § 36-671.

30. "Local health officer" means an individual or the individual's designee having daily control and supervision of a local health agency.
31. "Medical exemption" means to excuse a child from immunization against a specified disease if the required immunization may be detrimental to the child's health, as determined by a physician.
32. "Medical services" has the same meaning as in A.R.S. § 36-401.
33. "MMR" means measles, mumps, and rubella vaccine.
34. "Outbreak" means an unexpected increase in the incidence of a disease as determined by the Department or local health agency.
35. "Physician" has the same meaning as in A.R.S. § 15-871.
36. "Polio" means poliomyelitis vaccine.
37. "Practical nurse" has the same meaning as in A.R.S. § 32-1601.
38. "Private school" has the same meaning as in A.R.S. § 15-101.
39. "Provider" means an individual who administers a vaccine, or an entity that is responsible for administering a vaccine.
40. "Public school" has the same meaning as "school" in A.R.S. § 15-101.
41. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
42. "Responsible person" has the same meaning as "parent" in R9-5-101.
43. "Route of administration" means a method of inoculation with a vaccine.
44. "School" has the same meaning as in A.R.S. § 36-671.
45. "School administrator" has the same meaning as in A.R.S. § 36-671.
46. "Suspect case" has the same meaning as in R9-6-101.
47. "Temporary" means lasting for a limited time.
48. "Td" means tetanus and diphtheria vaccine.
49. "Underinsured" means having medical insurance that does not cover all or part of the cost of a vaccination.
50. "Uninsured" means not having medical insurance.
51. "Vaccine" has the same meaning as "biological product" defined in 21 CFR 600.3h (April 1, 2000).
52. "VAR" means varicella vaccine.
53. "VFC" means Vaccines for Children, a federal program administered by the Department.
54. "VFC PIN number" means a numeric identifier that the VFC issues to a person participating in the VFC.
55. "WIC" means Women, Infants, and Children, a federal program administered by the Department.
56. "WIC administrator" means an individual, or the individual's designee, having daily control and supervision of a WIC.

Historical Note

Former Section R9-6-115, Paragraph (47), renumbered and amended as R9-6-701 effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Former Section R9-6-701 renumbered to Section R9-6-328, new Section R9-6-701 renumbered from R9-6-501 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Former Section R9-6-701 renumbered to R9-6-702; new Section R9-6-701 made by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2).

R9-6-702. Required Immunizations for Child Care or School Entry

A. Except as provided in R9-6-706, the school administrator or child care administrator shall:
1. Ensure that a child attending a school or child care has been immunized against each of the following diseases according to Table 1 or Table 2:
   a. Diphtheria;
   b. Tetanus;
   c. Hepatitis A, for a child two through five years of age in child care in Maricopa County;
   d. Hepatitis B;
   e. Pertussis;
   f. Poliomyelitis;
   g. Measles (rubeola);
   h. Mumps;
   i. Rubella (German Measles);
   j. *Haemophilus influenzae* type b; and
   k. Varicella; and
2. If a child does not have proof of immunization according to Table 1 or Table 2, exclude the child from:
   a. School entry; or
   b. Child care, unless the child is immunized against the diseases listed in subsection (A)(1) within 15 days following entry.

B. Unless exempt according to R9-6-706, a child who has received a first dose of MMR but has not received a second dose of MMR shall:
1. Receive the second dose according to Table 2 and the following:
   a. By September 1, 2002 for a child attending kindergarten through fourth grade or seventh grade through ninth grade;
   b. By September 1, 2003 for a child attending kindergarten through fifth grade or seventh grade through tenth grade;
   c. By September 1, 2004 for a child attending kindergarten through 11th grade; and
   d. By September 1, 2005 for a child attending kindergarten through 12th grade; and
2. Be excluded from school entry by a school administrator until the requirements in Table 2 are met.

C. Unless exempt according to R9-6-706, a child who has not completed the three-dose Hep B series specified in Table 1 or 2 shall:
1. Receive the remaining doses according to Table 2 and the schedule in subsection (B)(1)(a) through (B)(1)(d), and
2. Be excluded from school entry by a school administrator until the requirements in Table 2 are met.

D. Unless exempt according to R9-6-706, a child who has not received the VAR specified in Table 1 or Table 2 shall:
1. Receive the VAR dose according to Table 2 and the following:
   a. By September 1, 2005, for a child attending kindergarten, first grade, or seventh grade;
   b. By September 1, 2006, for a child attending kindergarten through second grade, seventh grade, or eighth grade;
   c. By September 1, 2007, for a child attending kindergarten through third grade, or seventh grade through ninth grade;
   d. By September 1, 2008, for a child attending kindergarten through fourth grade, or seventh grade through tenth grade;

e. By September 1, 2009, for a child attending kindergarten through fifth grade, or seventh grade through 11th grade; and
f. By September 1, 2010, for a child attending kindergarten through 12th grade; and

2. Be excluded from school entry by a school administrator until the requirements in Table 2 are met.

E. If the Department receives written notification from the CDC that there is a shortage of a vaccine for a disease listed in subsection (A)(1), or that the CDC is limiting the amount of a vaccine for a disease listed in subsection (A)(1), the Department shall:
1. Provide written notification to each school and child care in this state of the shortage or limitation of the vaccine;
2. Suspend compliance with subsections (A), (B), (C), and (D); and
3. Upon receiving written notification from the CDC that the vaccine is available, notify each school and child care in this state:
a. That the vaccine is available, and
b. Of the time by which an individual is required to comply with subsections (A), (B), (C), and (D).

F. The Department shall notify each school and child care in this state that the Department no longer requires compliance with subsections (A), (B), (C), and (D) for a disease listed in subsection (A)(1) if:
1. The disease is declared eradicated by:
a. The World Health Organization, and
b. The Advisory Committee on Immunization Practices; and
2. The Department no longer recommends immunization against the disease.

Historical Note
Former Section R9-6-115, Paragraph (1), renumbered and amended as R9-6-702 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-702 renumbered to Section R9-6-302, new Section R9-6-702 renumbered from R9-6-502 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-702 renumbered to R9-6-703; new Section R9-6-702 renumbered from R9-6-701 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2).

R9-6-703. Responsibilities of Individuals and Local Health Agencies for Administering Vaccines

A. Upon request of a responsible person, a local health agency shall provide for the immunization of a child against any disease listed in R9-6-702(A)(1).

B. An individual administering a vaccine shall ensure that the dosage and route of administration of each vaccine are provided according to the manufacturer's recommendations.

C. Before administering a vaccine to a child, the individual administering the vaccine shall:
1. Provide the responsible person with the following written information:
a. A description of the disease,
b. A description of the vaccine,
c. A statement of the risks of the disease and the risks and benefits of immunization, and
d. Contraindications for administering the vaccine; and
2. Obtain a statement signed by the responsible person confirming that the responsible person:
a. Was provided the written information described in subsection (C)(1),
b. Was provided an opportunity to read the written information,
c. Was provided an opportunity to ask questions, and
d. Requests that the designated vaccine be administered to the child.

D. Following the administration of a vaccine, the individual administering the vaccine shall provide written information to the responsible person or, if a child is immunized at school, to the child to give to the responsible person, that includes:
1. The vaccine administered,
2. The reactions to the vaccine that might be expected, and
3. The course of action if a severe reaction occurs.

E. An individual administering a vaccine shall provide a written record as set forth in R9-6-704 to the immunized child or to the responsible person.

Historical Note
Former Section R9-6-115, Paragraph (2), renumbered and amended as R9-6-703 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-703 renumbered to Section R9-6-303, new Section R9-6-703 renumbered from R9-6-503 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-703 renumbered to R9-6-704; new Section R9-6-703 renumbered from R9-6-702 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-704. Standards for Documentary Proof of Immunity

A. An individual may establish proof of a child's immunity to a disease listed in R9-6-702(A)(1) by one of the following:
1. An immunization record that contains:
a. The child's name;
b. The child's date of birth;
c. The type of vaccine administered;
d. The month and year of each immunization, other than MMR, for a child who received an immunization before January 1, 2003;
e. The month, day, and year of MMR immunization for a child who received an immunization before January 1, 2003;
f. The month, day, and year of each immunization for a child who received an immunization on or after January 1, 2003; and
g. The name of the individual administering the vaccine or the name of the entity that the individual administering the vaccine represents;
2. Laboratory evidence of immunity;
3. An Arizona school immunization record that includes:
a. The child's name;
b. The child's date of birth;
c. The grade of the child on the date of enrollment;
d. Whether the child is male or female;
e. The type of vaccine administered;
f. The month and year of each immunization, other than MMR, for a child who received an immunization before January 1, 2003;
g. The month, day, and year of MMR immunization for a child who received an immunization before January 1, 2003; and
h. The month, day, and year of each immunization for a child who received an immunization on or after January 1, 2003;
4. A school immunization record from another state;
5. An electronic version of the child's immunization record containing the information in subsection (A)(1)(a) through (f) generated by an immunization registry, and signed and dated by any of the following:

a. A local health officer,
b. A school administrator,
c. A child care administrator,
d. A WIC administrator,
e. An immunization registry administrator or immunization registry administrator's designee; or
f. A physician, physician's designee, practical nurse, or registered nurse;

6. An electronic version of the child's immunization record generated by a school, signed and dated by the school administrator or the school administrator's designee, and containing the information in subsection (A)(1)(a) through (f); or
7. A statement of immunity as described in subsection (B).

B. A physician, the physician's designee, practical nurse, or registered nurse may sign a statement of immunity stating that a child is immune to a disease, but shall not sign a statement of immunity to measles or rubella without obtaining serologic evidence of immunity.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-704 renumbered to Section R9-6-304, new Section R9-6-704 renumbered from R9-6-504 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-704 renumbered to R9-6-705; new Section R9-6-704 renumbered from R9-6-703 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2).

R9-6-705. Responsibilities of Schools and Child Care

A. Except as provided in R9-6-706, a school administrator or a child care administrator shall ensure that an immunization record for each child attending a school or child care is maintained at the school or child care and contains the applicable documentary proof of immunity listed in R9-6-704.

B. If a child does not meet the requirements for immunization according to Table 1 or Table 2 or requirements for exemption from immunization according to R9-6-706, a school administrator shall:
1. Not allow the child to enter the school, or
2. If the child is already attending the school, remove the child from school as authorized by A.R.S. § 15-872.

C. If a child does not meet the requirements for immunization according to Table 1 or Table 2 or requirements for exemption from immunization according to R9-6-706, a child care administrator shall notify the responsible person in writing at the time of entry that:
1. The child may attend the child care for not more than 15 days from the date of the notification; and
2. If the child is not immunized by the 15th day following notification, the child is not permitted to attend the child care.

D. A school administrator or child care administrator shall determine that a child is in compliance with an immunization requirement in this Article for a specific disease if:
1. The child's immunization record contains proof of immunity required in R9-6-704, and the child has received the required immunizations according to Table 1 or Table 2; or
2. A responsible person has submitted to the school or child care documentation of an exemption from immunization according to R9-6-706.

E. At the time of enrollment, if a child's immunization record is not available, does not contain proof of immunity required in R9-6-704, or does not contain proof of an exemption according to R9-6-706, a school administrator or school administrator's designee, or a child care administrator shall notify the responsible person:
1. That the child is not in compliance with immunization requirements;
2. In writing, that:
   a. For the child enrolling in a school, all immunizations are required to be completed according to Table 1 or Table 2 and proof provided to the school before entry; or
   b. For the child enrolling in a child care, all immunizations required in Table 1 or Table 2 are required to be completed and proof provided to the child care within 15 days of the notification; and
3. In writing, that the responsible person is required to send the child to a physician or local health agency to obtain written proof of immunization before entry.

F. If a school administrator or a child care administrator questions the accuracy of a child's immunization record and is unable to verify the accuracy of the immunization record, the school administrator or the child care administrator shall notify, in writing, the responsible person:
1. That the responsible person is required to send the child to a physician or local health agency to review the child's immunization history and provide immunizations as needed;
2. For a child attending a school, that the child is not allowed to return to school until the child's immunization record meets the standards of documentary proof in R9-6-704 and is presented to the school; and
3. For a child attending a child care, that beginning 15 days following the notification, the child is not allowed to attend the child care, unless the child's immunization record meets the standards of documentary proof in R9-6-704 and is presented to the child care.

G. A school administrator or child care administrator shall maintain a list that contains the name of each child who:
1. Is exempt from providing proof of immunity according to R9-6-706, or
2. Has not provided proof of immunity in compliance with R9-6-704.

H. A school administrator or child care administrator shall not allow a child who lacks proof of immunity against a disease listed in R9-6-702(A) to attend the school or child care during an outbreak of the disease for which the child lacks proof of immunity. The Department or local health agency shall determine the start and termination of an outbreak.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-705 renumbered to Section R9-6-305, new Section R9-6-705 renumbered from R9-6-505 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-705 renumbered to R9-6-706; new Section R9-6-705 renumbered from R9-6-704 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-706. Exemptions from Immunizations

A. A child who has reached a fifth birthday is exempt from the Hib immunization requirement.

B. A child who has reached a seventh birthday is exempt from the pertussis immunization requirement.

C. A child:
1. Until September 1, 2011, is exempt from the VAR immunization requirement if the child's responsible person

states, verbally or in writing, that the child has had varicella; and
2. After September 1, 2011, is not exempt from the VAR immunization requirement unless the child provides laboratory evidence of immunity to varicella.

D. A child who submits laboratory evidence of immunity to a disease to a school or child care is not required to be immunized against that disease as a condition for school or child care entry.

E. For a child attending a school, a parent or guardian shall submit to the school a written statement of exemption from immunization for personal beliefs as required in A.R.S. § 15-873(A)(1) or written certification of medical exemption as required in A.R.S. § 15-873(A)(2) on a form provided by the Department that contains:
1. The child's name;
2. The child's date of birth;
3. The type of exemption requested;
4. The immunizations from which the parent or guardian is requesting an exemption;
5. Whether the medical exemption is permanent or temporary, if applicable;
6. The date the medical exemption terminates, if applicable;
7. The parent or guardian's signature and the date signed; and
8. The physician's signature and the date signed, if applicable.

F. For a child attending a child care, a responsible person shall submit to the child care a written statement of exemption from immunization on a form provided by the Department that includes:
1. The child's name,
2. The child's date of birth,
3. The type of exemption,
4. The immunizations from which the responsible person is requesting an exemption,
5. If a medical exemption, whether the medical exemption is permanent or temporary,
6. If temporary, the date the medical exemption terminates, if applicable,
7. The responsible person's signature and the date signed, and
8. The physician's signature and the date signed, if applicable.

G. A child care administrator or school administrator shall:
1. Record an exemption on a child's immunization record,
2. Allow a child with a temporary medical exemption to attend a child care or school until the date the temporary exemption terminates, and
3. Notify a child's responsible person in writing of the date the child is required to complete all immunizations before the temporary medical exemption terminates.

Historical Note

Former Section R9-6-115, Paragraph (3), renumbered and amended as R9-6-706 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-706 renumbered to Section R9-6-306, new Section R9-6-706 renumbered from R9-6-506 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-706 renumbered to R9-6-707; new Section R9-6-706 renumbered from R9-6-705 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2).

Table 1. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 1 renumbered from Article 5, Table 1 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 1 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

Table 2. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 2 renumbered from Article 5, Table 2 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 2 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-707. Required Reports

A. By November 15 of each year, a school administrator shall submit a report to the Department or local health agency on a form provided by the Department that contains:
1. The name and address of the school;
2. An identification of whether it is a public school, private school, or charter school;
3. The name, telephone number, and fax number of a contact person;
4. The name and district number of the school district, if applicable;
5. The county the school is located in;
6. Each grade taught at the school;
7. The number of children enrolled at the school in designated grades as of the date of the report;
8. The number of children with documentary proof of immunization status, including the number of children who are in each of the following categories:
   a. Have received each immunization required for their age,
   b. Have a medical exemption,
   c. Are exempt for personal beliefs according to A.R.S. § 15-873, and
   d. Have submitted laboratory evidence of immunity as defined in A.R.S. § 36-671, and
9. The number of doses received per child of each vaccine required in Table 1.

B. If requested by the Department or local health agency, a school administrator or child care administrator shall provide the following outbreak, case, or suspect case information:
1. Immunization information in R9-6-704;
2. Attendance information specifying each date each child was present at the school or child care during the communicable period; and
3. Any other information relating to the outbreak, case, or suspect case that is requested by the Department or local health agency.

C. A school administrator that has an individual authorized by law to administer vaccines and receives vaccines provided by the Department shall:

1. Prepare a report on a form provided by the Department each calendar month that contains:
   a. A VFC PIN number;
   b. The provider name or business name, address, telephone number, and fax number;
   c. The beginning date and end date of the report;
   d. The number of children immunized during the preceding calendar month;
   e. The age and date of birth of each child immunized during the preceding calendar month;
   f. Whether each child immunized during the preceding calendar month is:
      i. Covered by KidsCare;
      ii. Covered by AHCCCS;
      iii. Uninsured;
      iv. A Native American or an Alaskan native;
      v. Underinsured; and
      vi. Non-VFC eligible, if applicable;
   g. The number of doses of each vaccine administered during the preceding calendar month; and
   h. The manufacturer, manufacturer's lot number, and expiration date of each vaccine listed in Table 1 that was administered during the preceding calendar month; and
2. Send the report required in subsection (C)(1) by the fifth day of the following month to:
   a. The local health agency, if the vaccine was provided by the local health agency; or
   b. The Department, if the vaccine was provided by the Department.

D. By November 15 of each year, a child care administrator shall submit to the Department or local health agency a report on a form provided by the Department that contains:
1. The name, mailing address, and telephone number of the child care;
2. The date of the report;
3. The name of a contact person;
4. The Department license or certificate number of the child care, if applicable;
5. The name of the child care administrator;
6. Whether the children are in child care;
7. Whether the children in child care are in a Head Start program;
8. The number of children attending the child care who were less than 5 years of age as of October 1; and
9. The number of children less than five years of age as of October 1 for whom the child care has immunization records on file specifying the number of children who are in each of the following categories:
   a. Have received each immunization required for their age;
   b. Have medical exemptions;
   c. Are exempt for religious beliefs according to the rules in 9 A.A.C. 5 regulating child care facilities or child care group homes; and
   d. Have submitted laboratory evidence of immunity.

E. In addition to the report required in subsection (D), by November 15 of each year, a child care administrator shall submit to the Department or local health agency a report on a form provided by the Department that contains:
1. The information in subsection (D)(1) through (D)(4),
2. The information in subsection (D)(6), and
3. For each child less than 5 years of age as of October 1:
   a. The birth date of the child;
   b. How many doses of each vaccine listed in Table 1 the child has received;
   c. For each vaccine listed in Table 1 except MMR, the month, day, and year of the most recent immunization;
   d. For MMR, the month, day, and year of each immunization; and
   e. Whether each child has a medical or religious exemption.

F. By March 30 of each year, a local health officer shall forward to the Department the information contained in the reports received by the local health agency according to subsections (A) and (D).

G. A local health officer who receives and distributes vaccine provided by the Department shall submit to the Department the report required in subsection (C) every calendar month.

H. As required by A.R.S. § 36-135, a health care professional licensed according to A.R.S. Title 32 shall report each vaccine administered to each child as follows:
1. If reporting by mail or fax, the health care professional shall use a form supplied by the Department, and provide the following:
   a. All information required in A.R.S. § 36-135(B);
   b. IRMS number; and
   c. VFC PIN number, if applicable;
2. If reporting by telephone, the health care professional shall report all information in subsection (H)(1) between 8:00 a.m. and 5:00 p.m., Monday through Friday, except state holidays, by calling a telephone number provided by the Department for this purpose; and
3. If reporting electronically, the health care professional shall:
   a. Confirm with ASIIS that the computer system meets the technical specifications required by ASIIS;
   b. Connect to ASIIS by modem or submit to the Department a 3 1/2" diskette with the required information in subsection (H)(1); and
   c. If using a software program that is not provided by ASIIS, provide all the required information in an American Standard Character Information Interchange delimited format.

I. A physician or an authorized designee, shall submit a written report to the Department of all patients who receive post-exposure rabies prophylaxis. The report shall include:
1. Name, age, address, and telephone number of the person exposed;
2. Date of report;
3. Reporting institution or physician;
4. Date of exposure;
5. Body part exposed;
6. Type of exposure: Bite or saliva contact (non-bite);
7. Species of animal;
8. Animal disposition: quarantined, euthanized, died, unable to locate;
9. Animal rabies test results if any: positive or negative;
10. Treatment regimen; and
11. Date treatment was initiated.

Historical Note

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-307 effective October 19, 1993 (Supp. 93-4). Adopted effective April 4, 1997 (Supp. 97-4). Former Section R9-6-707 renumbered to R9-6-708; new Section R9-6-707 renumbered from R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

Table 1. Immunization Requirements for Child Care or School Entry

Age at Entry	Number of Doses of Vaccine Required	Special Notes and Exceptions
<2 months	1 Hep B	(See Note 1)
2 through 3 months	1 DTP or DTaP 1 Polio 1 Hib 1 Hep B	 (See Note 1)
4 through 5 months	2 DTP or DTaP 2 Polio 2 Hib 2 Hep B	 (See Note 1)
6 through 11 months	3 DTP or DTaP 2 Polio 3 Hib 2 Hep B	 (Hib exception - See Note 2 for a child 7 months through 59 months of age.) (See Note 1)
12 through 14 months	3 DTP or DTaP 3 Polio 1-4 Hib 1 MMR 3 Hep B 1 Varicella	 (See Note 2) (See Note 3) (See Note 1) (See Note 6)
15 through 59 months	4 DTP or DTaP 3 Polio 1-4 Hib 1-2 MMR 3 Hep B	 (See Note 2) (See Note 3) (See Note 1)
	1 Varicella	(See Note 6)
2 through 5 years (Only required for Maricopa County child care)	2 Hep A	(See Note 4)
Kindergarten or 1st grade entry 4 through 6 years	5 DTP or DTaP 4 Polio 2 MMR 3 Hep B 1 Varicella	Exception - A 5th dose is not required if the 4th dose of diphtheria-tetanus containing vaccine was received after the 4th birthday. Exception - A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday. (See Note 3) A child entering school shall receive a 2nd dose, 1 month or more after the date of the 1st dose. (See Note 6)

7 years or older	5 DTP, DTaP, or any combination of DTP and Td	Exception - A 5th dose is not required if the 4th dose of diphtheria-tetanus containing vaccine was received after the 4th birthday. Exception - If started on or after the 7th birthday, a minimum of 3 doses of a tetanus-diphtheria containing vaccine is required. A child shall receive a Td dose if 10 years or more have passed since the date of the last dose of tetanus-diphtheria containing vaccine.
	4 Polio	Exception - A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday. (See Note 5)
	1-2 MMR	(See Note 3)
	Hep B	A child entering school shall receive the Hep B series according to Note 1.
	1 Varicella	(See Note 6)

1. A child shall receive the 1st dose of Hep B according to R9-6-702(C), or no later than 15 days following child care entry. A child shall receive the 2nd dose of Hep B 4 weeks or more after the date of the 1st dose. A child who is 6 months of age or older shall receive the 3rd dose 2-5 months after the date of the 2nd dose and 4 months or more after the date of the 1st dose. For a child 11-15 years of age who receives the optional Merck Recombivax HB Adult Formulation vaccine, only 2 doses are required 4 or more months apart.
2. The recommended schedule for 4 dose Hib vaccine is 2, 4, and 6 months of age with a booster dose at 12-15 months of age. The optimal schedule for 3 dose Hib vaccine is 2 and 4 months of age with a booster dose at 12 -15 months of age. There shall be a minimum interval of 4 weeks between each of the first 3 doses. A child shall receive a booster dose no earlier than 12 months of age and no earlier than 8 weeks after the previous dose. A child who starts the Hib series after 7 months of age may be required to complete a full 3 or 4 dose series. A child who starts Hib at 15 months of age or older shall receive 1 dose at 15-59 months of age.
3. A child who is 12 months of age or older, shall receive measles, mumps, and rubella vaccines as individual antigens or as a combined MMR vaccine. A child shall receive the 1st dose of MMR before school entry, or no later than 15 days following child care entry. A child who is 4 years of age or older and who is entering school shall receive a 2nd dose of MMR according to R9-6-702(B), and 1 month or more after the date of the 1st dose.
4. A child who is 2 through 5 years of age shall receive the 1st dose of hepatitis A vaccine no later than 15 days following child care entry in Maricopa County. A child shall receive a 2nd dose 6 months following the date of the 1st dose.
5. Polio vaccine is not required for individuals 18 years of age or older.
6. A child shall receive the VAR according to the schedule in R9-6-702(D) no later than 15 days following child care entry.

Historical Note

Table 1 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2).

Table 2. Catch-up Immunization Schedule for Child Care or School Entry

Vaccine	Dose	Time Intervals, Special Notes, and Exceptions
1. Diphtheria, Tetanus, and Pertussis a. For a Child Younger Than 7 Years of Age: DTP or any combination of DTP or DTaP	1st	A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 4 weeks or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose before continued attendance at school, or no later than 15 days following continued attendance at child care.
	4th	If 6 months or more have passed since the date of the 3rd dose, a child shall receive the 4th dose before continued attendance at school, or no later than 15 days following continued attendance at child care.
	5th or more	A child shall receive a 5th dose before continued attendance at school, or no later than 15 days following child care entry. Exception - A 5th dose is not required if the child received the 4th dose after the child's 4th birthday.
b. For a Child 7 Years of Age and Older: Tetanus and Diphtheria containing vaccine (Td) (Pertussis not indicated)	1st	A child shall receive a 1st dose before school entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry.
	3rd	If 6 months or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose before school entry.
2. Polio	1st	(See Note 1 below.) A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 4 weeks or more have passed since the date of the 2nd dose, the child shall receive the 3rd dose before school entry, or no later than 15 days following child care entry.
	4th	If 8 weeks or more have passed since the date of the 3rd dose, the child shall receive the 4th dose before school entry. Exception - A 4th dose is not required if the 3rd dose was received after the 4th birthday.

3. MMR – Measles, Mumps, Rubella	1st	A child who is 12 months of age or older shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	(See Note 3 below.) If 1 month or more has passed since the date of the 1st dose, a child who is 4 years of age or older shall receive the 2nd dose before school entry.
4. Hib - *Haemophilus influenzae* type b (Not required for individuals aged 5 years of age and older.)	1st through 4th	A child who is younger than 5 years of age shall receive a dose no later than 15 days following child care entry. (See Note 2 below.)
5. Hep B – Hepatitis B	1st	(See Note 4 below.) A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 2 months or more have passed since the date of the 2nd dose, and 4 months or more have passed since the date of the 1st dose and the child is at least 6 months of age, a child shall receive the 3rd dose before school entry, or no later than 15 days following child care entry. Exception - A child who is 11 through 15 years of age who is receiving the Merck Recombivax HB Adult Formulation vaccine is not required to receive a 3rd dose.
6. Hep A – Hepatitis A Only required for Maricopa County child care	1st	A child who is 24 through 71 months of age shall receive the 1st dose no later than 15 days following child care entry.
	2nd	If 6 months or more have passed since the date of the 1st dose, a child shall receive the 2nd dose no later than 15 days following child care entry.
7. Varicella	1st	(See Note 5 below.) A child who is 12 months of age through 12 years shall receive one dose before school entry, or no later than 15 days following child care entry.
	2nd	If one month or more has passed since the date of the first dose, a child who is 13 years of age or older shall receive a second dose.

1. Polio vaccine is not required for individuals 18 years of age or older.
2. A child who begins the Hib series at 7 months of age or older shall receive Hib according to the following schedule:

Current Age (months)	Prior Immunization History	Recommended Regimen
7-11	1 dose	1 dose at 7-11 months of age and a booster at least 2 months later at 12-15 months of age
7-11	2 doses	1 dose at 7-11 months of age and a booster at least 2 months later at 12-15 months of age
12-14	1 dose before 12 months	2 doses administered at least 2 months apart
12-14	2 doses before 12 months	1 dose

15-59	Any incomplete schedule	1 dose

3. According to the schedule in R9-6-702(B), a child shall receive the 2nd MMR before entering school.
4. According to the schedule in R9-6-702(B), a child shall receive the hepatitis B series before entering school or no later than 15 days following child care entry.
5. A child shall receive the VAR according to the schedule in R9-6-702(D) no later than 15 days following child care entry.

Historical Note
Table 2 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2).

R9-6-708. Release of Immunization Information
In addition to the persons who have access to immunization information according to A.R.S. § 36-135(D) and consistent with the limitations in A.R.S. § 36-135(E) and (H), the Department may release immunization information to:

1. An authorized representative of a state or local health agency for the control, investigation, analysis, or follow-up of disease;
2. A child care administrator, to determine the immunization status of a child in the child care;
3. An authorized representative of WIC, to determine the immunization status of children enrolled in WIC;
4. An individual or organization authorized by the Department, to conduct medical research to evaluate medical services and health related services, health quality, immunizations data quality, and efficacy; or
5. An authorized representative of an out-of-state agency, including a state health department, local health agency, school, child care, health care provider, or a state agency that has legal custody of a child.

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-309 effective October 19, 1993 (Supp. 93-4). New Section R9-6-708 renumbered from R9-6-707 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-709. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (6), renumbered and amended as R9-6-709 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-310 effective October 19, 1993 (Supp. 93-4).

R9-6-710. Renumbered

Historical Note
Former Section R9-115, Paragraph (7), renumbered and amended as R9-6-710 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-311 effective October 19, 1993 (Supp. 93-4).

R9-6-711. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (8), renumbered and amended as R9-6-711 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-313 effective October 19, 1993 (Supp. 93-4).

R9-6-712. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-315 effective October 19, 1993 (Supp. 93-4).

R9-6-713. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (9), renumbered and amended as R9-6-713 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-316 effective October 19, 1993 (Supp. 93-4).

R9-6-714. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (10), renumbered and amended as R9-6-714 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-317 effective October 19, 1993 (Supp. 93-4).

R9-6-715. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (11), renumbered and amended as R9-6-715 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-319 effective October 19, 1993 (Supp. 93-4).

R9-6-716. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-320 effective October 19, 1993 (Supp. 93-4).

R9-6-717. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (12), renumbered and amended as R9-6-717 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-321 effective October 19, 1993 (Supp. 93-4).

R9-6-718. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (13), renumbered and amended as R9-6-718 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-322 effective October 19, 1993 (Supp. 93-4).

R9-6-719. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1) Renumbered to Section R9-6-323 effective October 19, 1993 (Supp. 93-4).

R9-6-720. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (14), renumbered and amended as R9-6-720 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-324 effective October 19, 1993 (Supp. 93-4).

R9-6-721. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (15), renumbered and amended as R9-6-721 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-325 effective October 19, 1993 (Supp. 93-4).

R9-6-722. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (18), renumbered and amended as R9-6-722 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-327 effective October 19, 1993 (Supp. 93-4).

R9-6-723. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (16), renumbered and amended as R9-6-723 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-330 effective October 19, 1993 (Supp. 93-4).

R9-6-724. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (17), renumbered and amended as R9-6-724 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-331 effective October 19, 1993 (Supp. 93-4).

R9-6-725. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-332 effective October 19, 1993 (Supp. 93-4).

R9-6-726. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-333 effective October 19, 1993 (Supp. 93-4).

R9-6-727. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-334 effective October 19, 1993 (Supp. 93-4).

R9-6-728. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (19), renumbered and amended as R9-6-728 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-335 effective October 19, 1993 (Supp. 93-4).

R9-6-729. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (20), renumbered and amended as R9-6-729 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-336 effective October 19, 1993 (Supp. 93-4).

R9-6-730. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (21), renumbered and amended as R9-6-730 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-337 effective October 19, 1993 (Supp. 93-4).

R9-6-731. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (22), renumbered and amended as R9-6-731 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-338 effective October 19, 1993 (Supp. 93-4).

R9-6-732. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (23), renumbered and amended as R9-6-732 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-339 effective October 19, 1993 (Supp. 93-4).

R9-6-733. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (45), renumbered and amended as R9-6-733 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-340 effective October 19, 1993 (Supp. 93-4).

R9-6-734. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (24), renumbered and amended as R9-6-734 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-341 effective October 19, 1993 (Supp. 93-4).

R9-6-735. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (25), renumbered and amended as R9-6-735 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-342 effective October 19, 1993 (Supp. 93-4).

R9-6-736. Renumbered

Historical Note
Former R9-6-115, Paragraph (26), renumbered and amended as R9-6-736 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-343 effective October 19, 1993 (Supp. 93-4).

R9-6-737. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-344 effective October 19, 1993 (Supp. 93-4).

R9-6-738. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (27), renumbered and amended as R9-6-738 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-345 effective October 19, 1993 (Supp. 93-4).

R9-6-739. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-346 effective October 19, 1993 (Supp. 93-4).

R9-6-740. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (28), renumbered and amended as R9-6-740 effective January 28, 1987

(Supp. 87-1). Renumbered to Section R9-6-347 effective October 19, 1993 (Supp. 93-4).

R9-6-741. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (29), renumbered and amended as R9-6-741 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-348 effective October 19, 1993 (Supp. 93-4).

R9-6-742. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (30), renumbered and amended as R9-6-742 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-349 effective October 19, 1993 (Supp. 93-4).

R9-6-743. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (31), renumbered and amended as R9-6-743 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-350 effective October 19, 1993 (Supp. 93-4).

R9-6-744. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (32), renumbered and amended as R9-6-744 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-351 effective October 19, 1993 (Supp. 93-4).

R9-6-745. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (33), renumbered and amended as R9-6-745 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-352 effective October 19, 1993 (Supp. 93-4).

R9-6-746. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (34.) renumbered and amended as R9-6-746 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-353 effective October 19, 1993 (Supp. 93-4).

R9-6-747. Repealed

Historical Note
Former Section R9-6-115, Paragraph (35), renumbered and amended as R9-6-747 effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-748. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (36), renumbered and amended as R9-6-748 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-354 effective October 19, 1993 (Supp. 93-4).

R9-6-749. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (37), renumbered and amended as R9-6-749 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-355 effective October 19, 1993 (Supp. 93-4).

R9-6-750. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-356 effective October 19, 1993 (Supp. 93-4).

R9-6-751. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-358 effective October 19, 1993 (Supp. 93-4).

R9-6-752. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-359 effective October 19, 1993 (Supp. 93-4).

R9-6-753. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-360 effective October 19, 1993 (Supp. 93-4).

R9-6-754. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-361 effective October 19, 1993 (Supp. 93-4).

R9-6-755. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-362 effective October 19, 1993 (Supp. 93-4).

R9-6-756. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-363 effective October 19, 1993 (Supp. 93-4).

R9-6-757. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-364 effective October 19, 1993 (Supp. 93-4).

R9-6-758. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-365 effective October 19, 1993 (Supp. 93-4).

R9-6-759. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987

(Supp. 87-1). Renumbered to Section R9-6-366 effective October 19, 1993 (Supp. 93-4).

ARTICLE 8. ASSAULTS ON OFFICERS, FIREFIGHTERS, OR EMERGENCY MEDICAL TECHNICIANS

New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-801. Definitions

In this Article, unless otherwise specified:

1. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
2. "Agent" means a virus or bacterium that causes a disease or syndrome in a human.
3. "Average window period" means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
4. "Chief medical officer" means the senior health care provider or that individual's designee who is also a health care provider.
5. "Emergency medical technician" means one of the following who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court:
   a. A "basic emergency medical technician," defined in A.R.S. § 36-2201;
   b. An "emergency paramedic," defined in A.R.S. § 36-2201; or
   c. An "intermediate emergency medical technician," defined in A.R.S. § 36-2201.
6. "Employer" means an individual in the senior leadership position with the agency or entity for which the officer, firefighter, or emergency medical technician works or that individual's designee.
7. "Entity" has the same meaning as "person" in A.R.S. § 1-215.
8. "Facility" means an institution in which a subject is incarcerated or detained.
9. "Firefighter" means an individual who is a member of a state, federal, tribal, city, county, district, or private fire department and who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court.
10. "Health care provider" means:
    a. An individual licensed as a doctor of:
       i. Allopathic medicine under A.R.S. Title 32, Chapter 13;
       ii. Naturopathic medicine under A.R.S. Title 32, Chapter 15;
       iii. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
       iv. Homeopathic medicine under A.R.S. Title 32, Chapter 29;
    b. A physician assistant, as defined in A.R.S. § 32-2501;
    c. A registered nurse, as defined in A.R.S. § 32-1601; or
    d. A registered nurse practitioner, as defined in A.R.S. § 32-1601.
11. "Laboratory report" means a document, produced by a laboratory that conducts a test or tests on a subject's blood, that shows the outcome of each test and includes personal identifying information about the subject.
12. "Medical examiner" means an individual:
    a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-591, or
    b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
13. "Occupational health care provider" means a health care provider who provides medical services for work-related health conditions for an agency or entity for which an officer, firefighter, or emergency medical technician works.
14. "Officer" means a law enforcement officer, probation officer, surveillance officer, correctional service officer, detention officer, or private prison security officer who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court.
15. "Officer in charge" means the individual in the senior leadership position or that individual's designee.
16. "Personal notice" means informing an individual by speaking directly to the individual while physically present with the individual.
17. "Petition" means a formal written application to a court requesting judicial action on a matter.
18. "Subject" means an individual:
    a. Whom a court orders, under A.R.S. § 13-1210, to provide samples of blood for testing; or
    b. From whom, under A.R.S. § 13-1210, a medical examiner draws samples of blood for testing.
19. "Telephonic notice" means informing an individual by speaking directly to the individual on the telephone, but does not include a message left on a recording device or with another individual.
20. "Test results" means information about the outcome of a laboratory analysis and does not include personal identifying information about the subject.
21. "Written notice" means a document that:
    a. Describes each test result;
    b. Identifies a subject only by court docket number; and
    c. Is provided to an individual:
       i. In person,
       ii. By delivery service,
       iii. By facsimile transmission,
       iv. By electronic mail, or
       v. By mail.
22. "Work" means to labor with or without compensation.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-401 effective October 19, 1993 (Supp. 93-4). New Section made by

final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-802. Notice of Test Results; Subject Incarcerated or Detained

A. Within 30 days after the date of receipt of a laboratory report for a test ordered by a health care provider on a subject's blood, the health care provider shall provide:
1. A copy of the laboratory report to the chief medical officer of the facility in person, by delivery service, by facsimile transmission, or by mail; and
2. Written notice to the occupational health care provider.

B. Within 30 days after the date of receipt of a laboratory report, the chief medical officer of the facility shall provide:
1. Personal notice, telephonic notice, or written notice to the subject;
2. If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and
3. Personal notice, telephonic notice, or written notice to the officer in charge of the facility.

C. Within 30 days after the date of receipt of written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer, firefighter, or emergency medical technician and the employer.

D. An individual who provides notice to a subject, officer, firefighter, or emergency medical technician as required under subsection (B) or (C) shall describe the test results and provide or arrange for the subject, officer, firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. The average window period for the agent;
4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
7. The availability of assistance from local health agencies or other resources; and
8. The confidential nature of the subject's test results.

E. An individual who provides notice to the employer or the officer in charge of the facility as required under subsection (B) or (C) shall describe the test results and provide or arrange for the employer or the officer in charge of the facility to receive the following information about each agent for which the subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. Measures to reduce the likelihood of transmitting the agent to others;
4. The availability of assistance from local health agencies or other resources; and
5. The confidential nature of the subject's test results.

F. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the chief medical officer of the facility or the subject.

G. An individual who provides notice under this Section shall protect the confidentiality of the subject's personal identifying information and test results.

H. A health care provider who orders a test on a subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-402 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-803. Notice of Test Results; Subject Not Incarcerated or Detained

A. Within 30 days after the date of receipt of a laboratory report for a test ordered by a health care provider on a subject's blood, the health care provider shall provide:
1. Unless the subject is deceased, personal notice, telephonic notice, or written notice to the subject;
2. If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and
3. Written notice to the occupational health care provider.

B. Within 30 days after the date of receipt of written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer, firefighter, or emergency medical technician and the employer.

C. An individual who provides notice to a subject, officer, firefighter, or emergency medical technician as required under subsection (A) or (B) shall describe the test results and provide or arrange for the subject, officer, firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. The average window period for the agent;
4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the

average window period has passed or until an infection, if detected, is eliminated;
6. That it is necessary to notify others of the possibility of exposure to the agent by the individual receiving notice;
7. The availability of assistance from local health agencies or other resources; and
8. The confidential nature of the subject's test results.

D. An individual who provides notice to the employer as required under subsection (B) shall describe the test results and provide or arrange for the employer to receive the following information about each agent for which the subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. Measures to reduce the likelihood of transmitting the agent to others;
4. The availability of assistance from local health agencies or other resources; and
5. The confidential nature of the subject's test results.

E. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the subject.

F. An individual who provides notice under this Section shall protect the confidentiality of the subject's personal identifying information and test results.

G. A health care provider who orders a test on a subject's blood may, at the time the subject is seen by the health care provider, present the subject with a telephone number and instruct the subject to contact the health care provider after a stated period of time for telephonic notice of the test results. Providing a telephone number and instructions as allowed by this subsection does not satisfy the health care provider's obligation to notify under subsection (A) if the subject does not contact the health care provider and receive telephonic notice.

H. A health care provider who orders a test on a subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-403 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-804. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-404 effective October 19, 1993 (Supp. 93-4).

R9-6-805. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-405 effective October 19, 1993 (Supp. 93-4).

R9-6-806. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-406 effective October 19, 1993 (Supp. 93-4).

R9-6-807. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency

and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-407 effective October 19, 1993 (Supp. 93-4).

R9-6-808. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-408 effective October 19, 1993 (Supp. 93-4).

ARTICLE 9. HIV-RELATED TESTING

R9-6-901. Definitions

In this Article, unless otherwise specified:

1. "Health professional" has the same meaning as "health care provider" in A.R.S. § 36-661.
2. "Hospital" means a health care institution licensed by the Department as a general hospital, a rural general hospital, or a special hospital under 9 A.A.C. 10.
3. "Informed consent" means permission to conduct an HIV-related test obtained from a subject who has capacity to consent or an individual authorized by law to consent for a subject without capacity to consent after an explanation that complies with A.R.S. § 36-663(B).

Historical Note

New Section made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-902. Consent for HIV-related Testing

A. An individual ordering an HIV-related test shall obtain consent for the test, unless the test has been ordered by a court under A.R.S. §§ 8-341, 13-1210, or 13-1415 or falls under A.R.S. § 36-663(D).

1. If the test is ordered in a hospital, the individual ordering the test shall obtain written informed consent as specified in subsection (B).
2. If the test is ordered outside a hospital by a physician, a registered nurse practitioner, or a physician's assistant, the individual ordering the test shall obtain either written informed consent as specified in subsection (B) or oral informed consent.
3. If the test is ordered outside a hospital by a health professional licensed under A.R.S. Title 32, but not listed in subsection (A)(2), who is authorized to provide HIV-related tests within the health professional's scope of practice, the individual ordering the test shall obtain written informed consent as specified in subsection (B).
4. If the HIV-related test is performed anonymously, the individual ordering the test shall obtain oral consent and shall not make a record containing personal identifying information about the subject.

B. An individual obtaining written, informed consent for an HIV-related test shall use the form shown in Exhibit A (English) or Exhibit B (Spanish).

1. Except as described in subsection (A)(4), an individual using the consent form may add the following information in the Identifying Information section of the form:
   a. The subject's name and identifying number,
   b. Facility identifying information,
   c. Facility processing codes,
   d. The subject's race and ethnicity,
   e. The subject's address, and
   f. The subject's date of birth and sex.
2. This form may be reproduced to accommodate a multiple copy or carbonless form.

Historical Note

Section renumbered from R9-6-409 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

EXHIBIT A. CONSENT FOR HIV-RELATED TESTING

Consent for HIV-related Testing

Information on HIV

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is spread through the exchange of blood (including transfusion) or sexual fluids (semen and vaginal secretions) and sometimes through breast milk. HIV can be transmitted from mother to baby during pregnancy or childbirth.

HIV-related Testing

There are several laboratory tests for HIV. The most common is the antibody test, which is a blood test that detects antibodies produced by the body in response to infection with HIV.

A positive antibody test consists of a repeatedly reactive (the same specimen testing positive twice) enzyme immunoassay (EIA) and a reactive Western blot or other confirmatory test. A positive antibody test means that an individual is infected with HIV; however, this does not always mean that the individual has AIDS. Research indicates that early and regular medical care is important to the health of an individual with HIV. Certain treatments are now available to treat HIV-associated illnesses.

A negative antibody test indicates that no detectable antibodies are present in the blood. An individual may not have antibodies because the individual is not infected with HIV or because detectable antibodies have not yet been made in response to infection. The production of these antibodies could take 3 months or longer. Therefore, in certain cases, an individual may be infected with HIV and yet test negative. Individuals with a history of HIV risk behaviors within the past 3 to 6 months should consider retesting.

Like any test, HIV-related testing is not accurate 100% of the time and may occasionally produce both false positive and false negative results.

Means to Reduce Risk for Contracting or Spreading HIV

Risk of contracting or spreading HIV can be reduced by avoiding or decreasing contact with blood and sexual fluids (semen and vaginal secretions). Some methods of decreasing the risk of contracting or spreading HIV include abstaining from sexual intercourse, using methods that limit exposure to body fluids during intercourse (such as the proper use of condoms), not engaging in injecting drug use, not sharing needles, or using bleach and water to clean needles and syringes. The use of certain medications by an HIV-infected woman during pregnancy may reduce the chances of HIV transmission from mother to child.

Disclosure of Test Results

I understand that if the HIV test results are positive, the physician or facility representative conducting the test will make reasonable efforts to notify me of the results at the address or phone number I have provided, and will provide or arrange for counseling as required by Arizona state laws and regulations regarding (1) HIV, (2) AIDS, and (3) appropriate precautions to reduce the likelihood of transmission of the virus to others. I agree to assume all risks that may result if I cannot be contacted.

I understand that Arizona law and regulations require that if my test results are positive, they will be submitted to local and state health departments. Information received by these health departments may only be released: (1) if there is written authorization from the individual being tested, (2) for statistical purposes without individual identifying information, or (3) as otherwise required or allowed by law.

Identifying Information

I also understand that the physician or facility may report to the Arizona Department of Health Services identifiable 3rd parties such as a spouse or sex partner who may be at risk of contracting the virus if I do not release this information. Finally, I understand that the test results may be placed in a medical record kept by the facility or person administering the test and that persons involved in providing or paying for my health care may have access to that information.

Additional Sources of Information on HIV

Additional information regarding testing for HIV is available through your county health department and, in the Phoenix metropolitan area, (602) 234-2752, the Tucson metropolitan area, (520) 791-7676, or outside the Phoenix area, 1-800-334-1540. National Hotline: English, 1-800-342-2437; Spanish, 1-800-344-7432; TTY/TDD, 1-800-243-7012.

Consent

I have been given the opportunity to ask questions regarding this information and have had my questions answered to my satisfaction. I understand that this test can be performed anonymously at a public health agency. I also understand that I may withdraw my consent at any time before a blood sample is taken in order to conduct a test, and that I may be asked to put my decision to withdraw my consent in writing if I have signed this consent. I also understand that this is a voluntary test and that I have a right to refuse to be tested.

My signature below indicates that I have received and understand the information I have been given and voluntarily consent to and request HIV-related testing.

_____
Patient/Subject Name (Printed)

_____
Patient/Subject or Legal Representative Signature

_____
Date

_____
Witness

NOTICE

The Arizona Department of Health Services does not discriminate on the basis of disability in the administration of its programs and services as prescribed by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. If you need this publication in an alternative format, please contact the ADHS Office of HIV/STD Services at (602) 230-5819 or 1-800-367-8939 (state TDD/TTY Relay).

ADHS2002

Historical Note

Exhibit A renumbered from Article 4, Exhibit A and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

EXHIBIT B. CONSENTIMIENTO PARA LA PRUEBA DE VIH

Consentimiento Para la Prueba de VIH
Información sobre el VIH
El virus de Inmunodeficiencia Humana (VIH) es el virus que causa el Sindrome de Inmunodeficiencia Adquirida (SIDA). VIH se transmite a través del contacto con sangre (incluyendo la transfusión) o fluídos sexuales (semen y secreciones vaginales) y en algunas ocaciones a través de la leche materna. VIH puede ser transmitido de la madre al bebé durante el embarazo o al momento del parto.
La prueba del VIH
Existen pruebas de laboratorio para saber si una persona está infectada con el VIH. La más común es la prueba de anticuerpos. Esta es un exámen de sangre que detecta los anticuerpos producidos por el cuerpo al reaccionar contra la infección por VIH.
Un examen de anticuerpos positivo consiste de una prueba por inmunoanálisis enzimático (EIA) (realizada dos veces en cada espécimen) y una prueba reactiva por Western Blot u otras pruebas confirmatorias. El resultado positivo a la prueba de anticuerpos quiere decir que el individuo está infectado con el VIH; sin embargo, esto no siempre quiere decir que el individuo tenga el SIDA. Investigaciones médicas señalan que atención médica temprana y contínua es importante para la salud de una persona con el VIH. Hoy en día se dispone de tratamientos para retardar las enfermedades asociadas con el SIDA.
Un exámen de anticuerpos negativo indica que no se han detectado anticuerpos en la sangre. Un individuo puede no tener anticuerpos por que el individuo no está infectado(a) o porque aún no se han producido suficientes anticuerpos contra la infección. Estos anticuerpos pueden tardar tres meses o más para ser producidos. De tal manera, en ciertos casos, un individuo puede estar infectado con el VIH y su prueba resultar negativa. Los individuos que han tenido comportamiento de alto riesgo en los últimos tres a seis meses deberían pensar en repetir la prueba.
Como cualquier prueba, la prueba del VIH no es 100% segura y en alguna ocasión puede producir resultados falsos ya sea positivos o negativos.
Maneras de reducir el riesgo de infección o transmisión del VIH
El riesgo de contraer o transmitir el VIH se puede reducir al evitar contacto con la sangre y fluídos sexuales (semen y secreciones vaginales). Algunos métodos para disminuir el riesgo de infección o transmisión del VIH incluyen: abstinecia sexual, usar métodos que limitan el contacto de fluídos corporales durante la relaciones sexuales (como el uso correcto de condones), no usar drogas intravenosas, no compartir agujas, y usar "cloro" (blanqueador) y agua para limpiar las jeringas y las agujas. En mujeres infectadas con VIH, el uso de ciertos medicamentos durante el embarazo, puede reducir el riesgo del transmissión del VIH de madre a hijo.
El resultado de la prueba
Entiendo que si el resultado de la prueba del VIH es positivo, el doctor o el representante de la institución que hizo el exámen va a hacer esfuerzos suficientes para notificarme del resultado a la dirección (domicilio) o al teléfono que he proporcionado y que me dará información, cumpliendo con los requisitos de la ley estatal de Arizona, sobre (1) el VIH, (2) el SIDA, y (3) las precauciones necesarias para reducir la posibilidad de transmisión del virus a otras personas. Estoy de acuerdo en asumir todos los riesgos que resultarán de no poder contactarme.
Entiendo que la ley estatal de Arizona exige que si el resultado de mi prueba es positivo, éste se reportará a los departamentos de salud local y estatal. La información que estos departamentos reciben solamente puede ser revelada a otras personas: (1) si hay una autorización por escrito de la persona que se ha hecho la prueba, (2) por razones de estudios estadísticos sin revelar la identidad del individuo, o (3) por cualquier otra razón que la ley permita.

Identifying Information/Datos de Identidad

También entiendo que el doctor o la institución puede reportar al Departamento de Salud del Estado de Arizona, la identidad de terceras personas como: los esposos(as) o los compañeros(as) sexuales que pueden estar en riesgo de contraer con el virus si decido no darles esta información. Por último, entiendo que el resultado de la prueba puede guardarse con el resto de mi información médica en la agencia o por la persona que hizo el examen; y que las personas encargadas de proveer o pagar por el cuidado de mi salud pueden tener acceso a esta información.
Otras fuentes de información sobre el VIH
Información adicional sobre el examen del VIH está disponible a través del departamento de salud de su condado. En el área metropolitana de Phoenix llame al (602) 234-2752, en el área metropolitana de Tucson (520) 791-7676 , y en el resto de Arizona 1-800-334-1540. Líneas telefónicas a nivel nacional son: en inglés 1-800-342-2437; en español 1-800-344-7432. (TTY/TDD) Transmisión de voz 1-800-243-7012.
Consentimiento
Se me ha dado la oportunidad de hacer preguntas respecto a esta información y me han sido contestadas satisfactoriamente. Entiendo que este exámen se puede hacer de forma anónima en una agencia de salud pública. También entiendo que puedo retirar mi consentimiento en cualquier momento antes de que me saquen la sangre para hacer la prueba y que me pueden pedir que ponga por escrito mi decisión de retirar mi consentimiento si ya habiá firmado este permiso. Entiendo también que este exámen es voluntario y que tengo el derecho a negarme a que se me haga la prueba.
Mi firma indica que he recibido y he entendido la información que se me ha proporcionado y que voluntariamente autorizo y solicito la prueba del VIH.

_____
Nombre del paciente (letra imprenta)

_____
Firma del paciente o de su representante legal

_____
Fecha

_____
Testigo

AVISO

El Departamento de Salud del Estado de Arizona no discrimina basado en los impedimentos de las personas en la administración de los progamas y sevicios ordenado por la ley de 1990: Americanos con Impedimentos, Título II y la Sección 504 de la ley de Rehabilitación de 1973. Si usted necesita esta publicación por otros medios de comunicación, favor ponerse en cantacto con el Departamento de Salud del Estado de Arizona, Oficina de Servicios de VIH/ETS al 1-800-842-4681 (transmisión de voz estatal) or 1-800-367-8939 (transmisión TDD/TYY estatal).

ADHS2002

Historical Note
Exhibit B renumbered from Article 4, Exhibit B and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-903. Court-ordered HIV-related Testing

A. An individual who tests a specimen of blood or another body fluid to detect HIV antibody under court order issued under A.R.S. §§ 8-341 or 13-1415 shall use a test licensed by the United States Food and Drug Administration for use in HIV screening. If a specimen is reactive two or more times according to the test manufacturer's recommendations, the individual shall retest the specimen using a licensed supplemental or confirmatory assay or as recommended by the original test manufacturer's package insert.

B. The individual shall report each test result for each subject directly to the Department.

Historical Note

Section renumbered from R9-6-410 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).